

CAROUSEL CHILD DEVELOPMENT CENTER – Child Care Application

Please complete **ALL** information on both pages, write "NA" if non-applicable.

Child's Full Name	Nickname	Date of Birth	Sex
Home Address (<i>address, state, zip code</i>):		Home Phone	

PARENTS/ GUARDIAN

Father's Full Name	Full Name of Employer and Address of the Company (<i>address, state, zip code</i>):	Home Phone
Home Address if different from child's (<i>address, state, zip code</i>):		Business Phone
		Cell Phone
		Email Address
Mother's Full Name	Full Name of Employer and Address of the Company (<i>address, state, zip code</i>):	Home Phone
Home Address if different from child's (<i>address, state, zip code</i>):		Business Phone
		Cell Phone
		Email Address
GUARDIAN/Person(s) or Agency Having Legal Custody of Child if not parent:		Home Phone
Home Address if different from child's (<i>address, state, zip code</i>):		Business Phone
		Cell Phone
Place Employed and Address of Company (<i>address, state, zip code</i>):		Email Address

Special Needs/Medical Concerns

*Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency <i>*If Allergy Physician must fill out the Allergy Information Form</i>	
Child's Physician	Phone
Chronic Physical Problems/ Pertinent Developmental Information / Special Accommodations Needed	

Emergency Information

Full Names, Addresses (*address, state, zip code*), **Phone Number(s)** and either **Social Security Number** or **Driver's License Number** of **Two Emergency Contacts (and persons Authorized to Pick Up Child) if Parents Cannot Be Reached:**

1. Address: City: State: Zip Code: SSN#/or Driver's License#	Home Phone Business Phone Cell Phone
2. Address: City: State: Zip Code: SSN#/or Driver's License#	Home Phone Business Phone Cell Phone
Person(s) other than Emergency Contacts Authorized to Pick Up Child:	
Name: SSN#/or Driver's License#	Name: SSN#/or Driver's License#
Person(s) <u>NOT</u> Authorized to Pick Up Child*	

** Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child.*

1 st year review: Parent Signature _____	Date _____
2 nd year review: Parent Signature _____	Date _____
3 rd year review: Parent Signature _____	Date: _____

Annandale Application – 2 page application. Signatures apply to information on both pages.

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Previous Child Day Care Programs and Schools Attended:	
If Child Attends This Center and Another School/ Program, Give Name of School/ Program	Grade

Please indicate your Child Care needs below:

Carousel Child Care Center operates 6:45 a.m. – 6:15 p.m., Monday through Friday.

Infant, Toddler, and Pre-School classrooms are 5 days only.

Kindergarten, First Grade

Before School _____ Before Kindergarten _____ After Kindergarten _____ After School _____

AGREEMENTS

1. The child day center agrees to notify the parent/ guardian whenever the child becomes ill and the parent/ guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/ guardian authorize the child day center to obtain immediate medical care if any emergency occurs when he/ she cannot be located immediately.
3. The parent/guardian shall inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except life threatening diseases which must be reported immediately.
4. The parent/ guardian give authorization for the child to participate in:
 - short supervised walks Yes _____ No _____
 - pictures and or video/audio recordings of child participating
school activities for school publicity purposes Yes _____ No _____
 - pictures on the child day care center’s Web site and
Pro-Care App Yes _____ No _____
 - water play and other safe play activities at the center Yes _____ No _____
5. I am willing to serve as a parental reference for the center. A parent considering enrollment may call me as indicated below:

Name: _____

Phone #: _____

Best time to call: _____

5. Other: _____.

SIGNATURES

_____ _____
Parent(s) or Guardian **Date**

_____ _____
Administrator of Center **Date**

Date Entered Care: _____ **Date Left Care:** _____

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of Birth	Date of Birth	Birth Certificate Number	Date Issued
Other Form of Proof:			

Proof of the child’s identity and age may include a certified copy of the child’s birth certificate, birth registration card, notification of birth(hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child’s identity from a child placing agency.

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