



Application Date: _____
Date of Enrollment: _____

Crossnore School, Inc.

Crossnore Child Development Center Application for Day Care

Name of Child: _____ Birth Date: _____
(Last) (First) (MI) (Nickname)

Address: _____
(City) (State) (Zip Code)

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name: _____ SS# _____ Home Phone: _____

Address: _____
(City) (State) (Zip Code)

Where Employed: _____ Work Phone: _____

Mother/Guardian's Name: _____ SS# _____ Home Phone: _____

Address: _____
(City) (State) (Zip Code)

Where Employed: _____ Work Phone: _____

Insurance Carrier: _____ Policy#: _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___ Explain: _____

Please give any information concerning your child which will be helpful in his experience in group settings such as play, eating and sleeping habits, special fears, special likes or dislikes. _____

EMERGENCY CARE INFORMATION:

Name of Child's Doctor: _____ Office Phone: _____

Address: _____

Name of Child's Dentist: _____ Office Phone: _____

Address: _____

Hospital Preference: _____ Phone: _____

If neither father nor mother (or guardian) can be contacted, call:

Name: _____ Relationship: _____ Home Ph: _____ Work Ph: _____

Name: _____ Relationship: _____ Home Ph: _____ Work Ph: _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

Parent/Guardian Signature: _____ Date: _____

I, as the operator do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Signature of Operator: _____ Date: _____

Section III: Family History

Father's Name: _____ Mother's Name: _____
Mailing Address: _____ Mailing Address: _____
Employer: _____ Employer: _____
Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____
Marital Status: ___ Married ___ Divorced ___ Separated ___ Widowed ___ Other
If other than married, who does the student live with?: _____

Legal Guardian: (if different from parents)

Name of person or agency who has legal custody of student: _____
Mailing Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____

Student's siblings (include all half, step siblings and adoptive siblings)

Name	Date of Birth	Relationship	Presently Living With
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Person: _____
Home Phone: _____ Work Phone: _____

Doctor's Name: _____
Address: _____
Office Number: _____

Signature of Parent/Legal Guardian: _____ Date: _____