

SCHOOL YEAR

My child has NCI



PLEASE COMPLETE EVERY LINE ON THE APPLICATION. THANK YOU.

Facility Name THE CRAYON CLUB	Director's Name Ashley Miller/ Amber Montgomery	Date of Admission	First Day to Attend	Grade in Fall
Child's Name	Date of Birth	CAMPUS	Child's Home Phone NO.	
Child's Address (include zip code)				
Street number:		City:	State:	Zip Code
Parents & or Guardian's name (please put both parents)		Address (if different from child's)		
Mother		Father		
List telephone numbers where parents/guardian may be reached while child will be in care.				
Mother's Telephone No./ carrier	Father's telephone No./ carrier	Guardian's Telephone No.	Cell Phone No.	
Give name, address and phone number of person OTHER THAN PARENTS to call in case of emergency if parent/guardian cannot be reached:				Relationship to child:
Name		Phone Number		
Street Number:		City:	State: Zip Code:	
I hereby authorize the childcare facility to allow my child to leave the childcare facility ONLY with the following person(s) Please list name & telephone number for each. PLEASE LIST NAMES OTHER THAN THE PARENTS!				
1. _____ Number: _____ Relation: _____				
2. _____ Number: _____ Relation: _____				
3. _____ Number: _____ Relation: _____				
4. _____ Number: _____ Relation: _____				

<p>CHECK ALL THAT APPLY:</p> <p>1. <input type="checkbox"/> TRANSPORTATION: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to be transported and supervised by facility employees. <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> For Emergency Relocation Situations.</p> <p>2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips: I understand that I must provide a sack lunch for my child for all off campus Field Trips : Initial X _____ Parent's Comments:</p> <p>3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: <input type="checkbox"/> Sprinkler Play <input type="checkbox"/> Splashing/Wading Pools <input type="checkbox"/> Swimming Pools <input type="checkbox"/> Water Table Play Parent's Comments:</p> <p>4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the operational policies, including those for discipline and guidance. Parent Signature: _____</p> <p>5. parents email address:</p>

SCHOOL AGE CHILDREN:

My child attends the following school :

_____ Phone: _____
Name of School and Address

CHECK ALL THAT APPLY:

- His/her immunization record is on file at the school and all required immunizations and/or tuberculosis tests are current.
- Current Vision and Hearing screening records are also on file.

IMMUNIZATION RECORD:

I have provided the childcare facility with a copy of my child's most current immunization record.

Signature - Parent or Legal Guardian

Date