

PLEASE COMPLETE_EVERY LINE ON THE APPLICATION. THANK YOU.

Facility Name THE CRAYON CLUB	Director's Name Ashley Miller/ Amber Montgomer		Admission	First Day to Atte	end	Grade in Fall		
Child's Name	Date o	f Birth	CAMPUS	Child's Ho	me Phon	e NO.		
Child's Address (include zip code)								
	City:		tate:		Zip Code			
Parents & or Guardian's name (please put both	n parents)	Addres	s (if different fro	m child's)				
Mother Father								
List telephone numbers where parents/guardia	n may be reached while chile	l will be in o	eare.					
Mother's Telephone No./ carrier	Father's telephone No./ car	rier	Guardian's Tel	ephone No.	Cell Ph	none No.		
Give name, address and phone number of p parent/guardian cannot be reached:	erson OTHER THAN PAI	RENTS to c	all in case of em	ergency if		Relationship to child:		
Name Phone Nur	nber							
Street Number: City:		State:		Zip Code:				
I hereby authorize the childcare facility to allo	w my child to leave the child	care facility	ONLY with the	following person(s) Please 1	list name & telephone number		
for each. PLEASE LIST NAMES OTHER TH		icare raciirty	ONET WILL THE	ronowing person(s	i) I lease I	ist name & telephone number		
1	Number:		Relation:					
2	Number:			Relation:				
3	Number:			Relat	tion:			
4	Number:			Relation:				
CHECK ALL THAT APPLY:								
□TRANSPORTATION: I hereby □	give □ do not give – my c	onsent for i	my child to be ti	ransported and su	upervise	d by facility employees.		
☐ for emergency care ☐ on	field trips	Emergency	Relocation Situ	uations.				
2. FIELD TRIPS: I hereby understand that I must provide a sack lur Parent's Comments:			•	ny child to particip X	ate in Fi	eld Trips:		
3. WATER ACTIVITIES: I hereby	☐ give ☐ do no	ot give - n	ny consent for r	my child to particip	pate in V	Vater Activities:		
☐ Sprinkler Play ☐ Splashing/Parent's Comments:	Wading Pools	Swimmin	g Pools	☐ Water Tab	ole Play			
4. RECEIPT OF WRITTEN OPERATION guidance. Parent Signature:	ONAL POLICIES: I ackno	wledge red	ceipt of the oper	rational policies, i	ncluding	those for discipline and		
5. parents email address:								

6. MY CHILD WILL BE IN CA Monday- Friday until 6:30pm	ARE UN THE FO	LLOWING DATS AND IIM	ES:			
☐ Monday- Friday until 6:30pn						
	☐ Monday- Friday until 6:30pm\$85.00					
☐ 1 DAY DROP IN <u>ONLY</u> RENDERED)		\$25.00 (PAID TH	E DAY SERVICE	S ARE		
☐ PRE SCHOOL ALL DAY		\$170.00				
The hours needed		·	ne time of	enrollment.		
					PG 1 OF 2	
HEALTH INVENCHILD Child's Name:	TORY:					
PREMATURE?	NO	YES: If yes, l	now many weeks	;?		
DISEASE HISTORY	AGE	DISEASE HISTORY	AGE	DISEASE HISTORY	AGE	
Asthma		Heart Disorder		Surgery/ Fractures	actures	
Allergy		Kidney Disorder		T B Contract		
Blood Disorder		Orthopedic		Hearing Loss		
Epilepsy		Sinuous Accident		Other		
Diabetes		Rheumatic Fever		Other		
this Student has had any of the abov			No Yes			
signed by my child's doctor. Initials as the student every been diagnosed yes, please provide specific details.	with any learning your child may during the passhould be awar	or mental disabilities? y have, such as, existing is 12 months, any medicare of:	llness, abnorm	alities, previous serious illness, for long-term continuous use,	injuries,	
Is the Student on any kind of medic	cation? NO	YES				
For what condition(s):						
-		-	-			
Is the Student under medical care a		NO NO		If Yes, What kind?		
and medical eare				Phone No.		
Name of doctor giving care:						
Name of doctor giving care:						
	ed to make arr	angements for emergency	care, I authoriz	e the person in charge to take m	y child to:	
	ed to make arr	angements for emergency		e the person in charge to take m	y child to:	
In the event I cannot be reach Name of Physician		Ph	#:	e the person in charge to take m	y child to:	
In the event I cannot be reach		Ph		e the person in charge to take m	y child to:	
In the event I cannot be reach Name of Physician	e Facility: ure any and all	Ph	#:	e the person in charge to take m	y child to:	

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

 $Pg\ 2of\ 2$