

KidsCare

DATE OF ADMISSION _____

CHILD'S FULL NAME _____

ADDRESS _____

NICKNAME _____

DATE OF BIRTH _____

NAME(S) OF PARENT(S), GUARDIAN _____

HOME ADDRESS _____

TELEPHONE NUMBER _____

BUSINESS ADDRESS OF MOTHER

NAME OF BUSINESS _____

ADDRESS _____

TELEPHONE NUMBER _____

INSTRUCTIONS TO REACH MOTHER _____

BUSINESS ADDRESS OF FATHER

NAME OF BUSINESS _____

ADDRESS _____

TELEPHONE NUMBER _____

INSTRUCTIONS TO REACH FATHER _____

EMERGENCY CONTACT AND AUTHORIZED PICK UP PERSON

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

PLAY

CHILD'S FAVORITE ACTIVITIES-INDOOR_____

CHILD'S FAVORITE ACTIVITIES-OUTDOOR_____

ALLERGIES

DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD, MEDICATION, INSECTS ETC.)?_____

ANY SPECIAL MEDICAL, PHYSICAL OR EMOTIONAL ISSUES?_____

ADD ANY INFORMATION ABOUT YOUR CHILD, WHICH YOU FEEL, WOULD HELP THE STAFF IN OFFERING A GOOD EXPERIENCE FOR HIM/HER.

DAYS OF ATTENDANCE

MONDAY_____TUESDAY_____WEDNESDAY_____THURSDAY_____FRIDAY_____

ARRIVAL_____DEPARTURE_____

GENERAL PERMISSION

THROUGHOUT THE YEAR KIDSCARE MAY TAKE WALKS TO AREA BEACHES AND PLAYGROUNDS. IN ORDER FOR YOUR CHILD TO PARTICIPATE, PLEASE FILL OUT THE FORM BELOW.

I GIVE THE KIDSCARE STAFF PERMISSION TO TAKE MY CHILD

_____ OFF THE PREMISES WHERE KIDSCARE

IS MEETING FOR WALKS TO AREA BEACHES AND PLAYGROUNDS.

PARENT SIGNATURE_____DATE_____

CHILD'S PEDIATRICIAN OR SOURCE OF HEALTH CARE

NAME _____ TELEPHONE _____

ADDRESS _____

MEDICAL EMERGENCY TREATMENT

I HEREBY GIVE THE KIDSCARE STAFF PERMISSION TO ADMINISTER

FIRST AID AND/OR CPR ON MY CHILD _____

AND/OR TRANSPORT MY CHILD _____ BY

AMBULANCE TO A HOSPITAL FOR MEDICAL TREATMENT WHEN I CANNOT

BE REACHED OR WHEN DELAY WOULD BE DANGEROUS TO MY CHILD'S

HEALTH.

(DATE)

(PARENT OR GUARDIAN SIGNATURE)

MEDICAL INSURANCE INFORMATION (OPTIONAL)

SUBSCRIBER'S NAME _____

TYPE OF INSURANCE _____

POLICY NUMBER _____