



ALLERGIES:

My Child Does Have Allergies

Parents MUST complete the food/allergy alert

Office Use Only

Date Received ___ / ___ / ___

Accepted

Declined

Name Last Middle First Nickname

Boy Girl Birth-date: ___ / ___ / ___ Birthplace: _____

Parent/Guardian Information:



Name: _____

Name: _____

Relationship to child _____

Relationship to child _____

Home Address _____

Home Address _____

City, State Zip _____

City, State Zip _____

Home Phone (___) _____

Home Phone (___) _____

Cellular Phone (___) _____

Cellular Phone (___) _____

E-Mail _____

E-Mail _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Address _____

Business Address _____

City, State, Zip _____

City, State, Zip _____

Business Phone (___) _____

Business Phone (___) _____

Please Circle: Married Divorced Remarried Widowed Other _____

Please explain the family pattern if the child does not live with both biological parents in one household. You may include information about adoption, foster care, guardianship, etc. If the child is adopted is he/she aware of the adoption?

Please check the days/program you are applying for:

Monday Tuesday Wednesday Thursday Friday

Full Day Child Care

Heart of the House

1/2 Day Preschool

Before and After School Care

Before OR After School Care

Before and After Kindergarten

After Kindergarten ONLY

Flex-Time Varying Days and times: Call for availability

Check only those that apply:

First opening possible

June 20_____

September 20_____

Other _____

How did you hear about us???

Referred By: _____

Internet Search

Print Advertising

Other: _____