



Child's Application

DATE OF ADMISSION _____

CHILD'S FULL NAME _____

CHILD'S ADDRESS _____

CITY & STATE _____ **ZIP** _____

DATE OF BIRTH _____ **AGE** _____

PARENT OR GUARDIAN INFORMATION

PARENT'S/GUARDIAN'S NAME _____

HOME ADDRESS _____ **CITY & STATE** _____

HOME PHONE _____ **CELL PHONE** _____

PLACE OF EMPLOYMENT _____

WORK PHONE _____ **WORK HOURS** _____

EMAIL _____

PARENT'S/GUARDIAN'S NAME _____

HOME ADDRESS _____ **CITY & STATE** _____

HOME PHONE _____ **CELL PHONE** _____

PLACE OF EMPLOYMENT _____

WORK PHONE _____ **WORK HOURS** _____

EMAIL _____

CHILD'S NAME _____ DATE OF BIRTH _____

PRIMARY PHONE _____

MEDICAL INFORMATION

All information in this file will be kept confidential.

Is your child currently on any medication? **YES or NO** If yes, prescribed for? _____

Does your child have any special problems or special needs? This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, any medications prescribed for continuous, long-term use, and any other information which we should be aware of? **YES or NO.**

If yes, explain: _____

Food Allergies (PLEASE LIST) _____

EMERGENCY INFORMATION

Give the name, address and phone number of person to call in case of an emergency if parents/guardian cannot be reached:

Name: _____ Address: _____ Ph.#: _____

Give the name, address and phone number of person to call in case of an emergency if parents/guardian cannot be reached:

Name: _____ Address: _____ Ph.#: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____ Address: _____ Ph.#: _____

Name of Emergency Medical Care Facility: _____ Address: _____ Ph.#: _____

I give consent for Play Today to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

Please Note:

- * We will not release child to anyone under 18 years of age.
- * If the person picking up child appears to be under the influence of alcohol or drugs, we will not release the child to that person.
- *Photo ID may be required
- * We do not provide transportation of any kind.
- * We do not have any water play activities.

AUTHORIZATION FOR PICK-UP

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name: _____ Address: _____ Ph.#: _____

Name: _____ Address: _____ Ph.#: _____

CHILD'S NAME _____ DATE OF BIRTH _____

ADDITIONAL INFORMATION

SCHOOL AGE CHILDREN:	
<input type="checkbox"/> My child attends the following school:	
_____	_____
Name of School and Address	School Ph.#
CHECK ALL THAT APPLY:	
<input type="checkbox"/> His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.	
<input type="checkbox"/> Vision and Hearing screening records are also on file.	
_____	_____
Signature - Parent or Legal Guardian	Date

PRESCHOOL CHILDREN: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:	
1. <input type="checkbox"/> HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.	
_____	_____
Health Care Professional's Signature	Date
2. <input type="checkbox"/> A signed and dated copy of a health care professional's statement is attached.	
3. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.	
4. <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.	
Name and address of health care professional:	
_____	_____
Signature - Parent or Legal Guardian	Date

*Children who are HOME-SCHOOLED must follow the same requirements for PRESCHOOL CHILDREN, regardless of age.

*Vision and Hearing Screening is needed for all children who are 4 years old by September 1st and for children who are Home-Schooled, regardless of age.

CHILD'S NAME _____ DATE OF BIRTH _____

PARENTAL RELEASE FORM

I have received a Policy Brochure from Play Today, and fully understand the Policies and Procedures as they apply to me and my child. All of the information I have provided to Play Today is current and accurate, to the best of my knowledge. I understand that all payments are due at the time of service. I understand that Play Today and its employees cannot be responsible for lost or stolen property. I understand that Play Today cannot be held responsible for healthcare costs incurred in connection with accidents or illnesses contracted while in their care.

Signature- Parent or Legal Guardian

Date

I, _____, give my permission for my child's photo to be reproduced and posted in Play Today's online scrap book, posted at playtodaydropin.com. I understand that no personal information aside from photo's and/or first name only will appear in this public format.

Signature _____ Date _____

*** FOR CENTER USE ONLY ***

Withdrawal Date _____

Reason for Withdrawal _____