



Families of Faith Christian Day Care New Student Enrollment Application

Please fill in application completely and legibly

Child's Name: _____
(Last Name) (First Name) (Middle Initial)

Child's Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: (____) _____

Date of Birth: ____ / ____ / ____ Sex: ____ M ____ F

Days to Attend: Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

Arrival Time: _____ Departure Time: _____

Start Date: _____ Termination Date: _____

Father/Guardian's Name: _____
(Last Name) (First Name) (Middle Initial)

Cell #: (____) _____ Email Address: _____

Father's Address (if different from child):

Father's Employer: _____ Occupation: _____ Work Hours: _____

Work Address: _____ Work #: (____) _____

Mother/Guardian's Name: _____
(Last Name) (First Name) (Middle Initial)

Cell #: (____) _____ Email Address: _____

Mother's Address (if different from child):

Mother's Employer: _____ Occupation: _____ Work Hours: _____

Work Address: _____ Work #: (____) _____

Parents Marital Status: ____ Married ____ Divorced ____ Single If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? ____ Yes ____ No

How did you hear about us? _____

Families of Faith Christian Day Care must be provided with court issued papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

PICK UP PEOPLE

Persons Who May Pick Up Your Child On A Regular Basis

1. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

2. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

3. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Persons Who May Pick Up Your Child Occasionally

List any contingencies

1. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Contingent upon: _____

2. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Contingent upon: _____

3. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Contingent upon: _____

Persons To Be Notified In Case Of An Emergency

If neither parent can be reached in case of an emergency call

1. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

2. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

3. Name: _____ Relationship to Child: _____

Address: _____

Phone #: (____) _____ Work Phone #: (____) _____

Doctor's/Certified Licensed Practitioner's Name: _____

Phone #: (____) _____ Address: _____

Dentist Name: _____ Phone #: (____) _____

Address: _____

Allergies:

Foods _____

Medications _____

Insects/Bites _____

Other _____

Previous Serious Illness _____ Date _____

Current Physician Prescribed Medications _____

Current Medications: FOF CDC must have completed Consent Form for Physician-Prescribed Medication (in office)

Signature of parent or other person placing child Date

All information shall be regarded and handled confidentially