



# 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**