

# Bright Star Kid Care

## Child Care Application For Enrollment

### Student Information:

Child's Full Name: \_\_\_\_\_  
Last First Middle Nickname

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_

Child's Address: \_\_\_\_\_  
City State Zip Code

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_

Days of the week in care: M T W Th F

### Family Information:

Child lives with: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(If different from above) City Sate Zip Code

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
(If different from above)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Family Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Separated \_\_\_ Remarried \_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Composition of Family (Siblings, please include ages): \_\_\_\_\_

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**Contact Information:**

*Your child will only be released to the custodial parent or legal guardian and the persons listed below. In cases of illness, accident or emergency, if the custodial parent or legal guardian cannot be reached, the persons listed below will be contacted.*

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Name	Address	Work number	Home number
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Name	Address	Work number	Home number
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Name	Address	Work number	Home number
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**Additional Pick-Up:**

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**Medical Information:**

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Doctor	Address	Phone
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Dentist	Address	Phone
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Hospital Preference: \_\_\_\_\_

List allergies, special medical or dietary needs: \_\_\_\_\_

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Sections 7.1 and 7.2, of the Child Care Facility Handbook, require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.

All children that attend Bright Star Kid Care must have immunizations while attending this center. Children will not be admitted without an immunization record or religious exemption (for older children only).

**ALL INFANTS MUST be immunized.**

Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE FACILITY"

Section 2.8 of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary practices used by the child care facility.

In addition, your signature authorizes us to perform any of the services that you indicate. Please **initial** next to the service(s) that you authorize Bright Star Kid Care to perform if necessary:

\_\_\_\_\_ I authorize Bright Star Kid Care to administer First Aid to my child if needed.

\_\_\_\_\_ I authorize Bright Star Kid Care to administer any medications as indicated on the Medical Release form.

\_\_\_\_\_ I authorize Bright Star Kid Care to contact 911 and to transport my child via Ambulance to the hospital in the event of a medical emergency if I (or anyone listed as an emergency contact) cannot be reached immediately by phone.

Signing below verifies that you have received all the information listed above and all the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

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Signature of parent or guardian

Date

For office use only:

I have read and reviewed this application:

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Director

Date

I have read and reviewed this application:

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Lead Teacher

Date