# JuMia's Application for Child Care
To be completed and placed on file prior to enrollment

Name of Child _____ (Last) (First) (MI)
(Nickname)_____
Birth Date _____
Address _____
Zip Code _____

**INFORMATION ABOUT THE FAMILY:**

Father/Guardian's Name _____
Home Phone _____ Cell Phone _____
Address _____
Zip Code _____
Where Employed _____
Business Phone _____

Mother/Guardian's Name _____
Home Phone _____ Cell Phone _____
Address _____
Zip Code _____
Where Employed _____
Business Phone _____

Insurance Carrier _____
Policy # _____

**INFORMATION ABOUT YOUR CHILD:**
Does your child have any known allergies: No___ Yes ___
Explain:

Please give any information concerning your child that will be helpful in his experience in group setting (such as play, eating, and sleeping habits, special fears, special likes or dislikes).
_____
_____
_____

**EMERGENCY CARE INFORMATION:**
Name of child's doctor _____
Office Phone _____
Address_____
Name of child's dentist _____
Office Phone _____
Address_____
Hospital Preference _____Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):
Name _____ _____ Home Phone _____ Office Phone _____
Name _____ _____ Home Phone _____ Office Phone _____
If you cannot call for your child, please give the names of persons to whom the child can be released:
_____
_____
_____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

*_____
(Signature of Parent)

_____
(Date)


I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

*_____
(Signature of Parent)

_____
(Date)

*For your convenience this application can be signed electronically.  At the time of enrollment your will be required to sign in person.