

Sherk Family Daycare
Child Care Application for Enrollment

Student Information:

Date of Birth: _____ Sex: ____ Date of Enrollment: _____
Full Name _____
Last First Middle
Child's Physical
Address: _____

Primary Hours of Care: From _____ To _____
Days of the Week in Care: M T W Th F Sa Su
Meals Typically Served While in Care: Breakfast AM Snack Lunch PM Snack

Family Information: Child Lives With: _____

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Employer: _____ Employer: _____
Address: _____ Address: _____
Work Phone: _____ Work Phone: _____
Cell: _____ Cell: _____

Medical Information:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.
Doctor: _____
Address: _____ Phone: _____
Hospital Preference: _____
Please list allergies, special medical or dietary needs, or other areas of concern:

Contacts:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

Name	Address	Work#	Home#
Name	Address	Work#	Home#

Name

Address

Work#

Home#