

LEE CHRISTIAN SCHOOL

Application Date _____

CHILD'S APPLICATION FOR AFTER CARE

Name of Child _____

(Last) (First) (Middle) (Nickname)

Age of Child _____ Birthdate _____

INFORMATION ABOUT THE FAMILY

Father's Name _____ Home Phone _____

Address _____

(Street) (City) (State) (Zip Code)

Where Employed _____ Business _____

Phone _____

Mother's Name _____ Home Phone _____

Address _____

(Street) (City) (State) (Zip Code)

Where Employed _____ Business Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies (such as dust, drugs, plants, animals, food, etc.)?

If yes, what are they? (Be specific) _____

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

EMERGENCY CARE INFORMATION

Name of child's doctor _____ Office Phone _____

Office Address _____

Name of child's dentist _____ Office Phone _____

Office Address _____

Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

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.

(Date) _____ (Signature of Parent) _____

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.

(Date) _____ (Signature of Operator) _____