



APPLICATION FOR ADMISSION

Child's Full Name: _____ Date of Admission: _____

Nickname used, if any: _____ Date of Birth: _____

Primary Language Spoken at Home: _____ Gender: Female or Male

Street Address: _____

Home Telephone: _____ Child's Religion: _____ (optional)

With Whom Does the Child Reside (names): _____

Mother/Guardian Cell Phone: _____ Work Phone: _____

Work Address: _____ E-Mail: _____

Father/Guardian Cell Phone: _____ Work Phone: _____

Work Address: _____ E-Mail: _____

Emergency Contacts (Persons To Whom The Child Can Be Released to):

Name: _____ Phone #: _____

Address: _____ Relationship to Child: _____

Name: _____ Phone #: _____

Address: _____ Relationship to Child: _____

Name: _____ Phone #: _____

Address: _____ Relationship to Child: _____

Child's Physician: _____ Phone #: _____

Address: _____

Special Medical Conditions/Allergies: _____

Health Insurance Provider: _____ Policy #: _____

Parent's Signature below indicates consent to obtain emergency care and administer minor first-aid when applicable.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____