


*Henry Lee Doublehead  
Child Development Center*

**Application**

Please submit the following documentation with your application

	<u>Check list for applicant</u>	<b>OFFICE USE ONLY</b> (DATE & INITIAL WHEN RECEIVED)
	Application	
	Copy of updated Immunization (shot record)	
	Copy of child or parents CDIB card	
	Information on subsidy plan	
	Copy of Medical insurance information	

Please give the times your child will be needing care. Please remember to include the time you will be traveling from work or school to the center.

				Number of Hours per day
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
			Total hours per week	

## Child Information

Child's Name	Sex	Date of birth
Name(s) of person(s) with whom child lives		
Relationship	Home Telephone Number	
Home address	City/State	Zip
Mother/guardian's place of employment	Business, cellular, or page phone number	
Father/guardian's place of employment	Business, cellular, or page phone number	

In case of emergency, if parent/guardian cannot be reached, list order of preference person(s) to notify:

Name	Relationship	Telephone

### Health Record

Child's physician or clinic	Telephone
Address	City/State
	Zip

Does your child have any individual special needs involving routine care, behavior and guidance, communications, or positioning? If yes, please describe:


Is your child allergic to any foods, medications, etc? If yes, please describe:

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Describe any special precautions for diet, medication, or activity, if applicable:


Does your child have a familiar routine please give us instructions pertaining to the eating, sleeping, toileting, or diapering routine you have established.


I give permission to the child care staff to consult with health and child development professionals regarding my child's needs.

Yes		No	
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**TRANSPORTATION**

- € I do not give permission for my child to be transported
- € I give permission for my \_\_\_\_\_ to be transported by \_\_\_\_\_
- € to nearest medical facility, if a medical emergency occurs and I cannot be reached.
- € I give permission to the staff to administer any prescribed medication to my child on a case by case basis. (A written authorization for will be completed will be given when medication is prescribed)
- € On field trips.
- € to and from school.
- € to and from home.
- € other(please specify)\_\_\_\_\_

Persons having permission to pick up child:

Name	Relationship to child	Telephone

I verify to be best of my knowledge the information and documentation submitted to Henry Lee Doublehead Child Development Center is true and correct. (I will submit any updated information to the center if any changes occur.)

Signature of applicant	Date

<b>Office Use Only</b>	
Date child entered facility	Date child withdrawn: