

ALEXANDER COUNTY SCHOOLS CHILD CARE APPLICATION

To be completed, signed, and placed on file in the facility on the first day and updated as changes occur and at least annually

CHILD INFORMATION:

Date of Birth: _____

Full Name: _____
Last First Middle

Physical Address _____

School _____ Teacher _____

Allergies _____ Medical Care Plan Attached YES NO

Hospital Preference:- Caldwell Catawba Davis Frye Iredell Wilkes Other

Doctor _____ Phone _____

Dentist _____ Phone _____

Special Conditions/Needs: _____ Potty Trained YES NO

Services needed: Before After Both Previous Child Care Enrollments _____

Please list the normal times of arrival _____ AM and departure _____ PM

FAMILY INFORMATION:

Child lives with: _____

Father's Name _____ Home Phone _____

Address(if different from the child) _____

Work Phone _____ Cell Phone _____

Employer _____ Email _____

Mother's Name _____ Home Phone _____

Address(if different from the child) _____

Work Phone _____ Cell Phone _____

Employer _____ Email _____

Siblings _____

Custodial Issues/Legal Documents _____

CONTACTS:

The child will be released only to the parents/guardians listed above. In the event of an emergency, the child can also be released to the following individuals, as authorized by the person who signs this application. If the parent's cannot be reached, the facility has permission to contact the following individuals.

| Name | Relationship | Phone # | Address |
|------|--------------|---------|---------|
|------|--------------|---------|---------|

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|------|--------------|---------|---------|
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Name Relationship Phone # Address

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HEALTH CARE NEEDS:

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to this application. The medical action plan must be completed by the child's health care professional.

List any allergies and their symptoms and type of response required for allergic reactions.

List any health care needs or concerns, symptoms of and type of response for these health care needs.

List any particular fears or unique behavior characteristics the child has.

List any type of medication taken for health care needs.
Share any other information that has a direct bearing on assuring safe medical treatment for the child.

List any helpful insights, child's interests, or best learning style.

PARENTAL/GUARDIAN CONCENT:

I give permission for:

- YES___ NO___ The facility staff to obtain medical attention for my child in an emergency.
YES___ NO___ My child to be transported by a private/EMS vehicle in the event of an emergency.
YES___ NO___ My food program eligibility status to be shared with the child care program.
YES___ NO___ The publication and use of my child's artwork, writing, or photograph. This may include media, professional displays, or website. No personal info will be used.

I, the undersigned parent or guardian of the child named above, do hereby state that I have received, read, and accept the child care parent packet that includes the discipline policy, summary of the NC Child Care Laws, inclement weather policy, requirements for registration, eligibility, and payment.

Parent/Guardian Signature _____ Date _____

Child Care Representative Signature _____ Date _____