



Application 2007
 Appletree Childcare & Learning Center

Childcare for Children:

Ages Six-Weeks through Preschool, Before & After School (K-5)

Enrollment Information

_____ Birth Date _____
 Child-1 First Name Middle Last Name

_____ Birth Date _____
 Child-2 First Name Middle Last Name

_____ Birth Date _____
 Child-3 First Name Middle Last Name

Effective Start Date: (Child-1) _____ (Child-2) _____ (Child-3) _____

Childcare is required on the following days: (*check days to attend*)

- Monday Tuesday Wednesday Thursday Friday
 Full-Day Part-Day

My child's *anticipated* arrival and pickup schedule will be as follows:

Monday	Arrival	_____	Pickup	_____
Tuesday	Arrival	_____	Pickup	_____
Wednesday	Arrival	_____	Pickup	_____
Thursday	Arrival	_____	Pickup	_____
Friday	Arrival	_____	Pickup	_____

Special Needs

(Please advise us of allergies, medications, emotional/medical issues, disabilities or information about your child):

Family Information:

Mother's Name _____ Soc. Sec. No. _____
Address _____ Home Phone _____
City _____ St ____ Zip _____ Cell Phone _____
Employer _____ Work Phone _____
Address _____ Work Hours _____
City _____ St ____ Zip _____ Marital Status _____

Father's Name _____ Soc. Sec. No. _____
Address _____ Home Phone _____
City _____ St ____ Zip _____ Cell Phone _____
Employer _____ Work Phone _____
Address _____ Work Hours _____
City _____ St ____ Zip _____ Marital Status _____

In case of Emergency, Contacts:

Name (1) _____ Relationship to Child _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name (2) _____ Relationship to Child _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name (3) _____ Relationship to Child _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name (4) _____ Relationship to Child _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name (5) _____ Relationship to Child _____
Home Phone _____ Work Phone _____ Cell Phone _____

Release of Child:

The following people have the authority to pickup my child.

Name	Address	Phone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The child will not be released to an authorized pickup person or to the parent or guardian should the center staff suspect that this person might be under the influence of drugs or alcohol. The authorized pickup person, parent/guardian must provide the child with a proper seat restraint appropriate for his/her age & weight.

Name of Child's Physician / Medical Care Provider

Name: _____ Telephone Number: _____

Address: _____

Health Insurance Coverage or Medical Assistance Benefits: _____

Policy Number (Required): _____

Parent / Guardian Signature _____ Date _____

Print Name _____

Parent / Guardian Signature _____ Date _____

Print Name _____

Appletree Authorized Signature _____