

## **Application to Enroll Child in Shepherdstown Day Care**

### **Child Information**

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex             Male             Female

### **Mother Information (Step-mother-Grandmother-Guardian)**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### **Father's Information (Step-father- Grandfather-Guardian)**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Medical Condition Alert

Allergy Alert

Custody Alert

**Emergency Contact Information**

Persons authorized to act in an emergency if parents cannot be contacted.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Doctor Name**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Preferred Medical Facility**

\_\_\_\_\_

**Photograph, Audio, and Video Tape Permission**

I give Shepherdstown Day Care permission to photograph, audio, or video tape my child during special activities. I also authorize the video taping of my child as a part of a routine security procedure.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization for Staff to Act in Emergency**

In the event of a medical emergency, Shepherdstown Day Care Staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, staff will attempt to contact the persons listed on the emergency contact lists. **If neither the parents nor the persons on the emergency contact list cannot be contacted, Shepherdstown Day Care staff is authorized to obtain emergency medical evaluation and/or treatment for the child, including but not limited to, transportation by an emergency vehicle.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

I have met with the Director or designated staff member and discussed the Center’s statement of purpose including the Center’s policies on behavior management, reporting of abuse and neglect, health and medication, confidentiality and information disclosure, discharge policies, and grievance procedure. I have received a copy of the Center’s policies. I am aware of my right to grieve without retaliation against my child or myself. I have been informed of my right to make a complaint to the State related to the Center’s compliance with the provisions of the WV Code 49-2B-1 et.seq. and the requirements of the Child Care Center Licensing Regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If child is School Age**

Name of School \_\_\_\_\_

Telephone Number of school \_\_\_\_\_

**Date of Enrollment at this Child Care Center**

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**Circle Days Child Will Attend Center**

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

**Hours Child Will Attend Center**

From: \_\_\_\_\_ A.M. P.M.

To: \_\_\_\_\_ A.M. P.M.

Write Time – If Different Hours on Different Days

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**Health Information**

If there are any special instructions related to diet or medical conditions please write them on this page.

Does the child have any **allergies** or **medical problems** of which we should be aware?

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Are there any special **Dietary** or other needs because of a medical or any other reason?

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Written Health Assessment and Immunization records signed by the child's licensed health care provider must be provided to Shepherdstown Day Care within 30 days of the date of the child's enrollment at the Center. The health assessment must be updated every 6 months for a child 24 months of age and under AND every 2 years for children for the child 25 months of age and over. If the child is between 6 weeks and 3 months of age there must be a written statement signed by the child's licensed health care provider permitting the child to enter group care.

Child's Health Insurance Company \_\_\_\_\_

Health Insurance Policy Number \_\_\_\_\_

**Person Authorized to Pick Up Child** (other than parents)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I authorize Shepherdstown Day Care to release my child to the above named persons.

Signature of Parent of Guardian \_\_\_\_\_

Persons who may NOT pick up child

Name \_\_\_\_\_

Name \_\_\_\_\_

Is there a COURT ORDER granting custody, visitation, or otherwise restricting or allowing access to the child? (If yes, a copy of the order must be provided along with this application.)

\_\_\_\_\_