

Application Date _____

Date of Enrollment _____

CHILD'S APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____

 _____ (Last) (First) (MI) (Nickname) _____ Zip Code _____
 Address _____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name _____ Home Phone _____
 Address _____ Zip Code _____
 Where Employed _____ Business Phone _____

Mother/Guardian's Name _____ Home Phone _____
 Address _____ Zip Code _____
 Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No ___ Yes ___

Explain:

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____
 Address _____
 Name of child's dentist _____ Office Phone _____
 Address _____
 Hospital preference _____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name _____ Home Phone _____ Office Phone _____
 Name _____ Home Phone _____ Office Phone _____

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Signature of Parent)

(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

(Signature of Operator)

(Date)

Madison County Schools Early Childhood Education Program

Fees Payment Agreement

I understand that the monthly fee for my child/children _____
who are enrolled at Marshall/Mars Hill Early Childhood Education Center (circle the correct
center) is \$ _____ monthly or \$ _____
weekly. I understand that the fees are due on the 25th of each month if I have paid a deposit
or the 1st working day of the month if I choose to pay in advance.

I agree to pay my fee:

Monthly: _____ Weekly _____ Biweekly _____.

I further understand that if my fees are not paid on time that my child will be terminated from
Madison County Early Childhood Education Program.

Signature (Parent/Guardian)

Date