

Date Application Completed/Updated _____ Date of Enrollment _____

Pitts Baptist Child Development Center Application for Child Care

Child's Name: _____
Last First Middle Preferred Name

Male () Female () Date of Birth: _____

Child's Physical Address _____

Family Information

Father (Guardian) Name: _____ Cell Number: _____
Address: _____
Employer: _____ Work Number: _____
Email: _____

Mother (Guardian) Name: _____ Cell Number: _____
Address: _____
Employer: _____ Work Number: _____
Email: _____

If neither parent can be contacted in the event of an emergency, call:
Name _____ Relationship _____
Address _____ Phone Number _____
Name _____ Relationship _____
Address _____ Phone Number _____

Please give the names of persons to whom the child can be released:
Name _____ Relationship _____
Address _____ Phone Number _____
Name _____ Relationship _____
Address _____ Phone Number _____

Name of child's doctor _____ Phone number _____
Hospital preference _____ Phone Number _____

List any known allergies and reaction _____
List any medication taken _____
List any health care needs or concerns _____

**Use reverse side of this application to share any additional information you would like us to know about your child.*

For any child with health care needs that require specialized health services, a medical action plan shall be completed with the cooperation of parent, physician and administration. Is a medical action plan needed/attached? Yes ___ No ___

I authorize Pitts Baptist CDC to secure emergency medical, dental and/or emergency surgical treatment for my child and to provide emergency transportation in the event that neither I nor the family physician can be contacted immediately.
Signature of Parent _____ Date _____

I, as the director, do agree to arrange or provide transportation to an appropriate medical resource in the event of an emergency. I will not administer medication without specific instructions from the physician or the child's parent.
Signature of Director _____ Date _____

I give permission to Pitts Baptist CDC for my child to participate in developmentally appropriate activities outside the fenced playground areas of the Center. I understand that my child will not be taken off the campus of Pitts Baptist Church without additional permission given.
Signature of Parent _____ Date _____