

COMMUNITY CHRISTIAN CHILD DEVELOPMENT CENTER SUMMER CAMP

ENROLLMENT APPLICATION

Date _____ Enrollment Date _____

Child's Name _____ Age _____ Birthday: _____

Child likes to be called _____ Sex _____ SS# _____

Payment method (check one): Private _____ Subsidized _____

Child's Father _____ SS# _____

Address _____ City/State/Zip _____

Living in home with Child? _____ Born Again Christian? _____

Employer _____ Position _____

Home Phone _____ Work Phone _____

E-Mail Address _____ Cell Phone _____

Child's Mother _____ SS#: _____

Address _____ City/State/Zip _____

Living in home with child? _____ Born Again Christian? _____

Employer _____ Position: _____

Home Phone _____ Work Phone: _____

E-Mail Address _____ Cell Phone: _____

Marital Status (check one): Married _____ Single _____ Divorce _____ Separated _____ Living Together _____

If divorced, what are the custody/ visitation arrangements?

(legal documentation is required upon enrollment)

Special instruction for parent(s) contact: _____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone _____

Name of child's dentist _____ Office Phone _____

Hospital Preference _____ Office Phone _____

Insurance Carrier _____ Policy Number _____

LIST ANY KNOWN ALLERGIES: _____

Community Christian Member? Yes _____ No _____ How Long? _____

If no, what denomination are you affiliated? _____

Does child live in a Christian home? Yes _____ No _____

Is the child a born again Christian? Yes _____ No _____

How often does child attend church? _____

REFERENCE SOURCE:

How did you hear about our program: _____

List Other Member In Household

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Describe child's play experiences: Outdoors _____

With other children _____

Favorite game _____ Favorite Toy _____

How does child interact with: Parents? _____

brother and sister _____

Favorite Playmate is: (check) Older _____ Younger _____ Same Age _____

As a rule is your child's appetite: Good? ___ Fair? ___ Poor ___ Can child feed self completely?

Yes ___ No ___

Has he/she been cared for by anyone other than parents? _____ By Whom? _____

Where: In own home? _____ Daycare? _____ Sitter's Home? _____

Does child have any special challenges? _____ Fears? _____ Eating? _____ Health? _____

If yes, please explain _____

Is there anything in your child's developmental history we should be aware of? _____

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

Signature of Parent _____ Date _____

I as the operator do agree that transportation to an appropriate medical resource in the event of an emergency is provided. In an emergency situation, other children in the facility will be supervised by a responsible adult. We will not administer any drug or medication without specific instruction 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 _____ Date _____

CHILDREN'S MEDICAL REPORT

Name of Child _____
Name of Parent or Guardian _____
Address _____

A. MEDICAL HISTORY (may be completed by parent)

1. Is child allergic to anything? Yes _____ No _____ If yes, what? _____

2. Is child currently under a doctor's care? Yes _____ No _____ If yes for what _____

3. Is the child on any continuous medication? Yes _____ No _____ If yes what? _____

4. Any previous hospitalizations or operations? Yes _____ No _____ If yes when and for what?

5. Any history of significant previous diseases or recurrent illness? Diabetes Yes _____ No _____
Convulsions Yes _____ No _____ Heart Trouble Yes _____ No _____
If others, what/when? _____

6. Does the child have any physical disabilities: Yes _____ No _____
If yes, please describe: _____
Any mental disabilities: Yes _____ No _____
If yes, please describe: _____
Signature of Parent or Guardian _____ Date _____

PERMISSION FORMS

Medical

I hereby give my permission to CC Child Development Center/ Summer Camp to call a doctor or EMS for medical or surgical care for my child should an emergency arises. In the event that emergency medical care becomes necessary I give the staff permission to use their best judgment to make those decisions that have to be immediately made, (if deemed necessary by the physician on duty). It is understood that all efforts to contact the parents, emergency contact person(s) and/or child's physician will be made prior to any action on the staff's behalf.

Parent/Guardian Signature

Date

EMERGENCY CONTACT

Person (s) authorized to act for parents in case of an emergency

Name _____	Relationship _____
Home Phone _____	Work Phone _____
Name _____	Relationship _____
Home Phone _____	Work Phone _____
Name _____	Relationship _____
Home Phone _____	Work Phone _____

PHOTO RELEASE

Picture taken of my child in activity groups at CC Child Development Center/Summer Camp may be used for the purpose of publicity (i.e. newspaper, television, posters or in picture presentations of the center's activities).

_____	_____
Parent/Guardian Signature	Date

CHILD RELEASE

I give my consent for my child _____ to be released to the following persons only, in the event I am unable to pick him/her personally.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____