

## Application for Child Care

For office use only:

Account Key: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Primary Classroom: \_\_\_\_\_

Program: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

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### PLEASE FILL OUT COMPLETELY WITH BLUE OR BLACK INK

Date of Application: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**WORK LOCATION OF BOTH PARENTS/LEGAL GUARDIANS:**

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Employee: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Doctor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Family Hospital: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

***PLEASE ATTACH CHILD'S IMMUNIZATION RECORDS (BLUE CARD).***

**CONTACTS:**

Please list THREE emergency contacts in the event you are unable to be reached.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PEOPLE AUTHORIZED TO PICK UP YOUR CHILD:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



## **CONTRACTUAL OBLIGATIONS**

WE, THE PARENTS/GUARDIANS, UNDERSTAND AND WILL FULFILL OUR FINANCIAL OBLIGATIONS (AS SET FORTH IN THE DAYCARE MANUAL) FOR OUR CHILD'S DAILY CARE & EDUCATION. WE REALIZE THAT FAILURE TO COMPLY WITH THIS AGREEMENT WILL RESULT IN THE DISMISSAL OF OUR CHILD FROM FIRST ASSEMBLY CHILD CARE AND DEVELOPMENT CENTER.

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Parent/Guardian Signature

IN CASE MY CHILD REQUIRES MEDICAL OR SURGICAL ATTENTION AND WE CANNOT BE REACHED, WE HEREBY AUTHORIZE, APPOINT, AND EMPLOY THE ADMINISTRATOR OR DESIGNATED OFFICIAL TO FURNISH, ON OUR BEHALF, THE WRITTEN OR ORAL AUTHORIZATION THAT IS REQUIRED. WE RELEASE FIRST ASSEMBLY CHILD CARE, FIRST ASSEMBLY OF GOD CHURCH, THE ADMINISTRATOR, OR ANY DESIGNATED OFFICIAL FROM ANY LIABILITY, WHICH MIGHT ARISE FROM THE GIVING OF SUCH AUTHORIZATION.

WE AGREE TO HOLD THE DAYCARE AND ITS AGENTS HARMLESS FOR ANY LIABILITIES TO OUR CHILD OR ANY GUARDIAN OR PARENT THEREOF BECAUSE OF ANY CLAIMS ON BEHALF OF OUR CHILD, AGAINST THE SCHOOL, OR ANY AGENT THEREOF BECAUSE OF ANY INJURY OR ALLEGED INJURY TO OUR CHILD. SHOULD LEGAL ACTION, FOR ANY REASON BE TAKEN AGAINST FIRST ASSEMBLY CHILD CARE OR ANY EMPLOYEE OR AGENT THEREOF, ON OUR CHILD'S BEHALF AND THE DAYCARE OR ITS AGENTS NOT BE FOUND AT FAULT, WE AGREE TO PAY ANY ATTORNEY FEES, DAMAGES, COURT FEES, OR OTHER COSTS THAT THIS SCHOOL OR ITS AGENTS SHOULD INCUR TO DEFEND ITSELF AGAINST SUCH ACTION.

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Parent/Guardian Signature

## **AUTHORIZATION FOR MEDICAL TREATMENT**

SHOULD MY CHILD BECOME ILL DURING THE TIME THAT HE/SHE IS IN THE CARE OF FIRST ASSEMBLY CHILD CARE OR IF HE/SHE SUFFERS AN ACCIDENT OF ANY CHARACTER, FIRST ASSEMBLY CHILD CARE SHALL UNDERTAKE TO CONTACT ME IMMEDIATELY. IN THE EVENT THAT FIRST ASSEMBLY CHILD CARE STAFF IS UNABLE TO REACH ME IMMEDIATELY, IT SHALL BE AUTHORIZED TO SECURE SUCH MEDICAL ATTENTION AND CARE FOR THE CHILD AS MAY BE NECESSARY. I, AS PARENT OR GUARDIAN, SHALL ASSUME RESPONSIBILITY FOR PAYMENT.

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Parent/Guardian Signature

Has your child ever attended another daycare? \_\_\_\_\_

If yes, which one? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PHOTO RELEASE

First Assembly Child Care has recently relaunched our Facebook page! Along with a description of our facilities and advertising special events, we would like to post pictures of the daycare, including children and teachers. We will also be looking into adding pictures of the daycare onto the newly relaunched Florence First web site (florence1st.com). Your permission is necessary in order to publish a picture of your child online in any form. If you would allow your child to participate, please sign the form below and return it to the office, along with this application. Your decisions will in no way affect the care of your child. The pictures taken will be candid classroom and event shots, and no names will be used to caption them.

\_\_\_\_\_

I, \_\_\_\_\_, give my permission for \_\_\_\_\_

To have his or her picture taken at First Assembly Child Care for the purpose of advertising on the FACC Facebook page and on the Florence First web page. I am the parent or legal guardian of the above mentioned child.

\_\_\_\_\_

Name

Date

