

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child _____ Birthdate _____ Sex _____
Address _____
Date Child Received _____ Date Child Left _____

PARENT OR OTHER PERSONS(S) PLACING THE CHILD

Name _____	Name _____
Relation to child _____	Relation to child _____
Home address _____	Home address _____
_____	_____
Phone Number _____	Phone Number _____
Place of employment _____	Place of employment _____
_____	_____
Address _____	Address _____
Phone Number _____	Phone Number _____
Working hours _____	Working hours _____

OTHER PERSON TO NOTIFY IF PERSON PLACING THE CHILD CANNOT BE REACHED

Name _____	Address _____
Phone Number _____	Relationship _____

PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____	Address _____
Phone Number _____	Hospital or Clinic _____

PROGRAM

Days per week _____	Hours of care _____
Rate of pay (optional) _____	

Signature of parent or other person placing child

Signature of caregiver

Date

A completely filled in form must be kept by the licensee for each child not related to the licensee. Please have this form available at all times to licensing representatives of the Department of Children and Family Services. Contact the Area Office for supplies of this form.

EMAIL ADDRESS(ES) FOR COMMUNICATIONS REGARDING THIS CHILD

PERSONS AUTHORIZED TO PICK UP THIS CHILD (INDICATE RELATIONSHIP)

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

I authorize Zion Buds of Promise Christian Academy to provide first aid treatment to my child in the case of an accident. I additionally authorize Zion Buds of Promise Christian Academy, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility, as well as, consent for medical treatment of my child at said facility. A staff person for the Zion Buds of Promise Christian Academy will accompany my child should he/she be transported to a medical facility. Zion Buds of Promise Christian Academy will notify parents/guardian immediately. As a parent/guardian, I will notify Zion Buds of Promise Christian Academy in writing of any changes in my address, employer, workdays and hours and respective phone numbers. I will also notify Zion Buds of Promise Christian Academy of any other changes in my child's student information.

I have received a copy of the Zion Buds of Promise Christian Academy Parent Handbook, Fundraiser Schedule and Guidance & Discipline Policy. I understand that Zion Buds of Promise Christian Academy is a religious based program, that religious instruction is a part of the curriculum and that all subject matter will be presented from a Christian perspective. I give consent for my child to go on walking trips through the neighborhood. I give consent for the program to photograph, videotape or film my child for promotional or security purposes. I give consent for my child to participate in prayer and in the religious instruction that is a part of Zion Buds of Promise Christian Academy's childcare program.

Parent/Guardian Signature

Date

If the child has any of the following, please explain:

Medical problems _____

Physical handicaps _____

Restrictions for play – outdoors _____

Restrictions for play – indoors _____

Allergies _____

Food likes _____

Food dislikes _____

Fears _____

Does the child take a nap? _____ Time _____ Length _____

Is the child toilet trained? _____

Does the child have special names for objects? (potty, cookies, drinks, etc.) _____

Does the child regularly take medication? _____ If so, what kind and directions _____

If the child is an infant, what are the feeding instructions? _____
Time _____ Amount _____ Temperature _____

Diaper changes: Powder _____ Ointment _____

Other information that will help in caring for the child _____

Comments:

