Name____________________

Application Form

Full name of child:		Nickname:	
Date of Birth:		Sex:	Boy □ Girl □
Address line 1:		City:	
Address line 2:		State:	
Zip code:		Home phone:	

Parent/Guardian Details:			
Name:			
Occupation:		Employer:	
Work phone number:		Cell number:	
Email address:			
Address (if different from child's):			
Address line 2:		Zip code:	

Parent/Guardian Details:			
Name:			
Occupation:		Employer:	
Work phone number:		Cell number:	
Email address:			
Address (if different from child's):			
Address line 2:		Zip code:	

Who has parental responsibility?		
Name:		
Are there any contact restrictions? (If yes, give details below)	Yes □	No □
Details:		

Emergency Contact (Authorized to obtain emergency medical treatment in parent/guardian absence):			
Name:			
Address:			
Phone:		Relationship to child:	
Name:			
Address:			
Phone:		Relationship to child:	

1408 McRae Road
Camden, SC 29020
803-432-9516
www.lilangelscdc.org

Name____________________

Attendance Days	Morning				Afternoon				Full Day
	From		To		From		To		
Monday									☐
Tuesday									☐
Wednesday									☐
Thursday									☐
Friday									☐

Medical Care Details:				
Doctor's name:				
Doctor's address:				
Zip code:		Doctor's phone:		
Dentist's name:				
Dentist's address:				
Zip code:		Dentist's phone:		
Emergency Care Provider:				
Emergency Care Provider's address:				
Zip code:		Provider's phone:		
Insurance Provider:				
Certification of immunization:	Yes ☐	No ☐	N/A ☐ Please explain:	

Medical Details:
Medical Details Does your child have any medical problems that we should be made aware of? Please give details below:
Allergies Does your child have any allergies that we should be made aware of? Please give details below:
Long-term Medication Is your child on any long-term medication that we should be made aware of? Please give details below:
Special Dietary Requirements Does your child have any special dietary requirements? e.g. Vegetarian. Please give details below:

Name____________________

Meals my child will receive daily:		
Breakfast	Yes ☐	No ☐
Lunch	Yes ☐	No ☐
Afternoon Snack	Yes ☐	No ☐

Permissions:		
Do you give Lil' Angels CDC permission to take photos of your child for development files?	Yes ☐	No ☐
Do you give Lil' Angels CDC permission to take photos of your child for promotional purposes?	Yes ☐	No ☐
Do you give Lil' Angels CDC permission to administer first aid to your child?	Yes ☐	No ☐
Do you give Lil' Angels CDC permission to administer emergency medical treatment to your child?	Yes ☐	No ☐

Pick up arrangements			
Who is authorized to pick up your child other than the parents? Your child will only be allowed to leave the facility with people listed here. **Any changes to this information should be made in writing to the center director.**			
Name:			
Relationship to child:		Phone:	
Name:			
Relationship to child:		Phone:	
Name:			
Relationship to child:		Phone:	
Everyone listed above must have a picture ID on file. As an extra precaution, you may use a password. Anyone picking up your child should be aware of this.			
Password:			

Child's Background:			
Child's Religion:		Child's Ethnic Group:	
What is the first language spoken at home?:			
Is there any other language spoken at home?:			

Name____________________

I certify to the best of my knowledge that my child ___________________________________ is in good mental and physical health and able to participate in the childcare program at Lil' Angels CDC.

I understand and acknowledge the information that I have provided on this form is true and accurate to the best of my ability.

I understand and acknowledge that my financial obligation must be met per calendar week by 10:00am every Monday and is paid one week in advance (and this payment is non-refundable due to absence). I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the facility. I understand that failure to meet said obligations on time may result in late fees and/or loss of childcare provision.

Parent Signature:		**Date:**	
Staff Signature:		**Date:**	