



Application Form

Full name of child:		Nickname:	
Date of Birth:		Sex:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>
Address line 1:		City:	
Address line 2:		State:	
Postcode:		Home phone:	

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

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

Who has parental responsibility?			
Name:			
Are there any contact restrictions? (if yes, give details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details:			

Other Emergency Contact:			
Name:			
Phone:		Relationship to child:	
Name:			
Phone:		Relationship to child:	



Attendance Days	Morning				Afternoon				Full Day
Monday	From		To		From		To		<input type="checkbox"/>
Tuesday									<input type="checkbox"/>
Wednesday									<input type="checkbox"/>
Thursday									<input type="checkbox"/>
Friday									<input type="checkbox"/>

Doctor's Details:			
Doctor's name:			
Doctor's address:			
Postcode:		Doctor's phone:	
Certification of immunization:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> 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:

Meals my child will receive daily:		
Breakfast	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Morning snack	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lunch	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Afternoon Snack	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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



Permissions:		
Do you give Lil' Angels CDC permission to take photos of your child for development files?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give Lil' Angels CDC permission to take photos of your child for promotional purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give Lil' Angels CDC permission to administer first aid to your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you give Lil' Angels CDC permission to administer emergency medical treatment to your child?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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:	
Name:		Relationship to child:	
Name:		Relationship to child:	
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?:			

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/month and is paid one week/month in advance (depending on my payment frequency) 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 obligation may result in loss of childcare provision.

Parent Signature:		Date:	
Staff Signature:		Date:	

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Post Covid-19 Policy

1. You are required to disclose if your child has been in contact with someone who has tested positive for Covid-19 or is experiencing symptoms.
2. Masks are required for everyone inside the facility.
3. Upon drop-off, your child's temperature will be checked upon entry. If your child is found to have a fever, he/she will not be permitted into the facility and must return home immediately.
4. Children's hands will be washed upon entry to the facility every time.
5. If during the day, your child presents with a fever or Covid-19 symptoms, you will be contacted to pick him/her up immediately and will need to provide proof of a negative Covid-19 test or adhere to a 10-day quarantine before re-entry into the facility.
6. If the facility becomes aware of a positive Covid-19 test result of a child that attends the facility, the parents of the potentially exposed children will be notified immediately.
7. If your child has an in-household sibling that attends public school and is required to quarantine due to Covid-19 exposure, your child will need to quarantine for the same time required by the school.

I have read and acknowledge the above policy. I understand that failure to adhere to the policy may result in loss of childcare provision.

Parent Signature:		Date:	
Staff Signature:		Date:	