



grace christian child development center

2605 Jefferson Davis Hwy. Sanford, NC 27332

Mailing: P.O. Box #1408 Sanford, NC 27331

Phone: 919-776-2576 FAX: 919-774-1330

Web: www.gracecdcsanford.com

APPLICATION FOR CHILD CARE

(to be completed & placed on file prior to enrollment)

Office Use Only

Date Received: _____

Interview/Tour Completed: Yes No

Enrollment Status: Offered Declined

Medical Report On File: Yes No

Class Assignment: _____

Building/Fob Assigned: _____

Date of Application: _____

Date Available for Enrollment: _____

How did you hear about Grace Christian Child Development Center? _____

If Referred, by: (Name) _____ (Relationship) _____

PERSONAL INFORMATION

Name of Child: _____
(Last) (First) (Middle) (Nickname)

Child's Date of Birth (mm/dd/yyyy): ____/____/____ Child's Current Age: _____

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different) _____

Does your child have any known allergies? (yes or no) _____ If yes, please explain: _____

Please provide any information below concerning your child which will be helpful in his/her experience in group settings. (play, eating & sleeping habits, special fears, special likes or dislikes)

FAMILY & MEDICAL INSURANCE INFORMATION

Father/Guardian

Name: _____
(Last) (First) (Middle)

Current Physical Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Mobile Phone: () _____ - _____

Mailing Address (if different) _____ Email Address: _____

Name of Employer: _____ Employer Phone: () _____ - _____ Ext. _____ Department: _____

Mother/Guardian

Name: _____
(Last) (First) (Middle)

Current Physical Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Mobile Phone: () _____ - _____

Mailing Address (if different) _____ Email Address: _____

Name of Employer: _____ Employer Phone: () _____ - _____ Ext. _____ Department: _____

EMERGENCY CARE INFORMATION

Name of Child's Doctor: _____ Name of Practice: _____ Phone: () _____ - _____

Office Address: _____ City: _____ State: _____ Zip Code: _____

Name of Child's Dentist: _____ Name of Practice: _____ Phone: () _____ - _____

Office Address: _____ City: _____ State: _____ Zip Code: _____

Hospital Preference: _____ City: _____ Phone: () _____ - _____

Child's Medical Insurance Carrier: _____ Group # _____ Policy # _____

If neither father nor mother (guardian) can be immediately contacted, whom should we contact?

First Contact Name: _____
(Last) (First) (Title: i.e.: Mr., Mrs., Miss., Ms., Dr.)

Relationship to Child: _____ Home Phone: () _____ - _____ Business Phone: () _____ - _____

Second Contact Name: _____
(Last) (First) (Title: i.e.: Mr., Mrs., Miss., Ms., Dr.)

Relationship to Child: _____ Home Phone: () _____ - _____ Business Phone: () _____ - _____

Please provide the names of persons to whom you authorize the release of the child to:
(Proper ID/verification will be required before release is granted.)

GOALS OF ENROLLMENT

Why do you wish for your child to be enrolled into Grace Christian Child Development Center?

What goals do you wish for your child to accomplish as a result of enrollment into Grace Christian Child Development Center?

I agree, by signing below, that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

(Father/Guardian Signature)

(Date)

(Mother/Guardian Signature)

(Date)

I verify that all of the above information is true and correct. I understand that any falsification, intentional or otherwise, of any portion of this document may be grounds for my child's dismissal. I certify that I understand Grace Christian Child Development Center is a ministry of Grace Chapel Church. Furthermore, I have read and understand the statement of faith for Grace Chapel Church and by affixing my signature below, I certify that I am in agreement with and support the teaching of my child according to all content thereof and also understand that these are conditions of my child's enrollment in Grace Christian Child Development Center.

(Father/Guardian Signature)

(Date)

(Mother/Guardian Signature)

(Date)

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

(Operator Signature)

(Date)