

## Klassy Kids ~ Application for Child Care

Child's Name (Last, First, Middle): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Mother</b> /Guardian's Name (Last, First):	Pager/Cell:
Employer's Name & Address:	Phone (w):
Home Address (if different from Child):	Phone (h):
Email:	

<b>Father</b> /Guardian's Name (Last, First):	Pager/Cell:
Employer's Name & Address:	Phone (w):
Home Address (if different from Child):	Phone (h):
Email:	

Person(s) responsible for childcare payments: \_\_\_\_\_  
Payment will be made: \_\_\_\_\_ weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ monthly  
*\* Payments must be made early (please see Klassy Kids: Policies & Procedures*

### **Medical Information**

Please check all that apply, giving approximate dates and needed details

\_\_\_ Ear Infections: \_\_\_\_\_  
\_\_\_ Asthma: \_\_\_\_\_  
\_\_\_ Convulsions: \_\_\_\_\_  
\_\_\_ Rheumatic Fever: \_\_\_\_\_  
\_\_\_ Allergies: \_\_\_\_\_  
\_\_\_ Food Allergies: \_\_\_\_\_  
\_\_\_ Poison Ivy: \_\_\_\_\_  
\_\_\_ Hay Fever: \_\_\_\_\_  
\_\_\_ Other Medical Issues: \_\_\_\_\_

Please list all surgeries, accidents, illnesses, chronic, handicapping or developmental issues:

\_\_\_\_\_  
\_\_\_\_\_

Any behavior of special considerations (Please circle): YES NO Please Explain: \_\_\_\_\_  
\_\_\_\_\_

### **Medical Contact Information**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I agree 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.

\_\_\_\_\_  
Parent Sign

\_\_\_\_\_  
Date

**Personal Care Information**

Child's Name (Last, First): \_\_\_\_\_

Please list all adults/facilities that are providing care to the child presently:

Name/Facility	Relationship

Please list all adults/facilities that are/have provided care to the child:

Name/Facility	Relationship	Reason for Leaving

Please list the child's siblings:

Name:	Age:	How do they get along:

Does your child have any special fears, requirements, eating/sleeping habits...

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Please give any information concerning your child which will be helpful in his experience in group setting (such as play, special likes and dislikes): \_\_\_\_\_

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Please describe discipline techniques used at home: \_\_\_\_\_

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What are you hoping your child will accomplish in the Klassy Kids program?

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Is there any other information that will be helpful to our staff to better serve your child?

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**Authorized Pick-up and Emergency Contact Information**

\* Please list all authorized people who may sign for this child (Please note: Adults who are not listed will not be able to sign for children, also for your child's safety, adults who are not in the center on a regular basis will be asked to show picture identification):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

I have provided information about my child to the best of my ability and understand that the staff of Klassy Kids will use this information with discretion and with the intentions of providing my child the best service possible.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date