

The Children's House



... of Wellington

Application and Emergency Information

Date _____ Child's Name _____ (M F)

Birthdate _____ Enrollment Date _____ Age at Enrollment _____

Primary Hours of Care (Days) _____ (Time) From _____ To _____

Previous School Experience _____

Parent _____ Parent _____

Phone Home _____ Phone Home _____

Work _____ Work _____

Cell _____ Cell _____

E-Mail _____ E-Mail _____

Address _____ Address _____

Place of Work _____ Place of Work _____

Authorization For Emergency Medical Care in the event of a serious illness or accident and if parent cannot be reached.

Child's Doctor _____ Phone _____

Parent Signature _____ **Date** _____

Emergency Contacts – Please Provide us with the names and phone numbers of people we can contact in the event of an emergency during school hours:

(1) Emergency Contact _____ Relationship _____

Phone Number(s) _____

(2) Emergency Contact _____ Relationship _____

Phone Number(s) _____

Pick-Up Authorization other than parents (1) _____

(2) _____

Allergies _____

Special Needs & Instructions (Medications, Toilet Training, etc). _____

Parent Signature _____