

BEREAN BAPTIST ACADEMY

518 Glensford Drive, Fayetteville, NC 28314

910.868.2511 Fax: 910.868.1550

www.bbaafnc.org

Application Date: _____

Date of Enrollment: _____

Child's Application for Day Care

To be completed and placed on file prior to enrollment.

K3-K4

Child's Name: _____ Birthdate: _____
Last First MI Nickname

Address: _____ State: _____ Zip Code: _____

Information about the Family:

Father/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Address: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Mother/Guardian's Name: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Address: _____ State: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Health Insurance Company: _____ Policy# _____

Information about Your Child:

Does your child have any allergies? No _____ Yes _____ If yes, please explain: _____

Please give any information concerning your child that will be helpful in his experience in group settings (such as play, eating and sleeping habits, special fears, special likes or dislikes): _____

Emergency Care Information:

Name of Child's Doctor: _____ Office Phone: _____

Address: _____ State: _____ Zip Code: _____

Hospital Preference: _____

Name of Child's Dentist: _____ Office Phone: _____

Address: _____ State: _____ Zip Code: _____

If neither father nor mother (or guardian) can be contacted, call:

Name: _____ Relationship: _____

Cell #: _____ Home #: _____ Work #: _____

Name: _____ Relationship: _____

Cell #: _____ Home #: _____ Work #: _____

If you cannot pick-up your child, please give the names of persons to whom the child can be released: _____

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's Signature: _____ Date: _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an 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's Signature: _____ Date: _____

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K3-K4 TRAVEL AND ACTIVITY AUTHORIZATION

- Blanket permission for this activity
- Special 1-time permission only
- Blanket permission for all given activities

I, _____, parent/guardian of

Name of Parent/Guardian

_____, give my permission to

Name of child

Berean Baptist Academy and Preschool for my child to participate in the following activities:

Trips in the van/automobile (facility or parent-owned)

Explain planned Activity

Field trips away from the facility by School bus

Explain planned Activity

I understand that the facility will use the appropriate child restraint devices and abide by all the safety rules in Rule.1000 when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____/____/____ to ____/____/____

In addition, if the facility has planned activities outside the fenced area of the facility,

_____ I will allow my child to walk outside the fenced area to the school's gym (supervised) or

_____ I will not allow my child to walk outside the fenced area.

Parent/Guardian Signature

Date Signed

This authorization is valid from ____/____/____ to ____/____/____