



____ PRIVATE PAY ____ TITLE XX

APPLICATON FOR CHILD CARE

The purpose in securing information about your child is to help the child care staff better understand your child. Your child's care during the day is a responsibility we share. All information is confidential between you and the center

Childs Name: _____

M _____ F _____ Birthdate: _____

Enrollment Date: _____ Withdrawal Date: _____

MOTHER (Guardian):

PARENTS MARITAL STATUS: _____

Name: _____

Last four SS#: _____

Address: _____ Zip: _____

Employer: _____

City: _____

Location: _____

Phone: _____

Work Phone: _____

Email: _____

FATHER (Guardian):

Name: _____

Last four SS #: _____

Address: _____ Zip: _____

Employer: _____

City: _____

Location: _____

Phone: _____

Work Phone: _____

Email: _____

DIVORCED OR SEPARTED PARENTS:

- Legal custodial parent is: _____
- Temporary custody: _____
 - Does the NON custodial parent have permission to pick up the minor child

YES: _____ NO: _____

How Does your child get home everyday?

Bus _____ Parent Pick up _____ Daycare _____

IT'S A KID'Z WORLD EMERGENCY CONTACT INFORMATION:

NAME & RELATION TO CHILD	ADDRESS	PHONE NUMBER

I _____ Authorize the following individual(s) to drop and or pick up my child

Name and relation to child	Address	Phone number

Parent/ Guardian Name (print) _____

Parent/Guardian Name (Signature) _____ Date: _____

*Does your child have an IEP ___ YES ___ NO

TRANSPORTATION AGREEMENT

It's A Kidz World has my permission to transport my child from the destinations listed below. **We transporting to and from home IAKW will only pick up and drop off at the addresses listed on application *UNLESS* it has been preapproved by the director.**

___ from home to center ___ center to home

___ Center to school ___ school to center

___ park ___ field trips

IT'S A KID'Z WORLD PERMISSION FORM

I understand that I will be notified if pictures, filming, and/or artwork will be used in any other form other than what I have given consent for and that is listed below. I also understand that my child will not travel other than the designated area listed below ***UNLESS*** I am notified in advance.

PERMISSION FOR:	PARENT GIVES CONSENT	PARENT DOES NOT GIVE CONSENT
PICTURES		
FILMING (security camera only)		
ARTWORK		
TRAVEL (park-library-field trips)		

Parent Name (PRINT): _____

Parent Name (SIGNATURE): _____ DATE: _____

** ANY IMPORTANT NOTES FROM THE PARENT(S) OR GARDIAN(S)**

FOOD ALLERGY

If your child has a food allergy a letter from the doctor **MUST** be provided.

This is to notify IAKW that this child is allergic to the following foods: _____ Possible reaction to these foods: _____

In the event of an allergic reaction what procedures should staff take: _____

CONSENT TO ADMINISTER MEDICATION

I _____ have determined the staff at IAKW are competent to give medication to my child. I understand that IAKW has the responsibility to assess the ability of staff to give or apply medication safely and may give the medication as required/requested.

Parent (print): _____

Parent (signature): _____ Date: _____

IT'S A KIDZ WORLD MEDICAL RELEASE

CHILDS NAME: _____ **DOB:** _____

I _____ understand that IAKW is required to update my child's medical information throughout the year. My signature below will allow IAKW to contact my child's medical/dental provider on my behalf to keep their records current.

I _____ IAKW permission to contact and obtain all medical information test results screening results and all other health care services provided (medical, dental, psychological, immunizations, well-baby checks, etc) from any health care service provider.

Primary Physician: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____

EMERGENCY RELEASE

In the event I can't be reached to make arrangements, I hereby give my consent to IAKW to administer or call for emergency care for my child. I also give my consent if it is necessary to take my child to the hospital. If time and conditions allow, I expect that a conscientious effort will be made to contact me before any action is taken.

Parent Name(print): _____

Parent Name (signature) _____ Date: _____