

## St. John's Daycare Application

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: M or F

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Does your child currently take any medication regularly? (If yes, dosage and name of each medicine)

Circle one: Father / Stepfather / Guardian

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Circle one: Mother / Stepmother / Guardian

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

With whom does Child live with? Circle one: Parents / Father / Mother / Guardian / \_\_\_\_\_

List Names of other **Adults** allowed to pick up your child/children:

1. \_\_\_\_\_ (Circle one: Friend / Relative ) Phone: \_\_\_\_\_

2. \_\_\_\_\_ (Circle one: Friend / Relative ) Phone: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_