

# APPLICATION FORM FOR HK CHILD CARE PROGRAM

(SPONSORED BY THE HK RECREATION AUTHORITY)

**Child's**

**Name** \_\_\_\_\_ Gr. \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mother's**

**Name** \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**Father's**

**Name** \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

e-mail \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

**Marital Status:** Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

**Child's Physician & Phone #** \_\_\_\_\_

If physician cannot be reached, what action should be taken? \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ (mm/dd/yyyy)

(over)

**PERMISSION FOR ANOTHER PERSON TO REMOVE THE CHILD FROM THE PROGRAM**

In case of emergency I, \_\_\_\_\_, give permission to have my child removed from the HK Child Care Program and transported (via ambulance) to the emergency room of Middlesex Memorial Hospital or a medical facility designated by emergency personnel.

In the event that I cannot be reached in an emergency, the HK Child Care Program shall contact one of the following authorized persons who have been notified that they are listed as emergency contacts (at least one person other than parents). Those included are also authorized to pick-up my child.

**EMERGENCY NUMBERS**

Name & Address

Phone (Home & Work)

Relationship

1.) \_\_\_\_\_

2.) \_\_\_\_\_

In addition to the individuals listed above, the following individuals are authorized to pick-up my child at the After School Program.

1.) \_\_\_\_\_ 3.) \_\_\_\_\_

2.) \_\_\_\_\_ 4.) \_\_\_\_\_

Persons **NOT AUTHORIZED** to pick up your child. (If the person is a biological parent, a copy of the court order must be on file with the Director of Child Care) \_\_\_\_\_;  
\_\_\_\_\_;

Allergies and/or Medications \_\_\_\_\_

Physical Limitations/Behavioral Problems \_\_\_\_\_

Is there any other significant information which would further contribute to our understanding of your child and his/her needs? \_\_\_\_\_

**It is the responsibility of the parents/guardians to update all information.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Enrollment Date \_\_\_\_\_

