

APPLICATION FORM FOR HK CHILD CARE PROGRAM

(SPONSORED BY THE HK RECREATION AUTHORITY)

Child's

Name _____ Gr. _____ Age _____ School _____

Address _____ Town _____ Zip Code _____

Parent/Guardian

Name _____ Home Phone (____) _____

Cell Phone (____) _____

e-mail _____

Address _____ Town _____ Zip Code _____

Place of Employment _____ Work Phone (____) _____

Address _____ Town _____ Zip Code _____

Parent/Guardian

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)

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 _____