

# 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 \_\_\_\_\_