



**APPLICATION**

Application date \_\_\_\_\_

CHILD'S NAME (last, first, middle) _____ CHILD'S NICKNAME <i>If any</i> _____	CHILD'S DOB _____	CHILD'S AGE _____	ENROLLMENT DATE _____
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**Parent / Guardian Information**

<b>PARENT GUARDIAN #1</b>  Name _____  Phone (_____) _____  Email _____	<b>Home Address</b> Street Address _____ Town _____ State _____
	<b>Current Employment</b> Company Name _____ Phone (_____) _____  Street Address _____ Town _____ State _____

<b>PARENT GUARDIAN #2</b>  Name _____  Phone (_____) _____  Email _____	<b>Home Address</b> Street Address _____ Town _____ State _____
	<b>Current Employment</b> Company Name _____ Phone (_____) _____  Street Address _____ Town _____ State _____

**Responsible friend(s)/relatives(s) to call if parents/guardians cannot be reached**  
*\*\*Please note any names listed will be authorized to pick up the child. **\*\*Proof of identity such as a license will need to be present at the time of pickup.***

RESPONSIBLE FRIEND OR RELATIVE #1	RESPONSIBLE FRIEND OR RELATIVE #2	RESPONSIBLE FRIEND OR RELATIVE #3
Name _____	Name _____	Name _____
Phone (_____) _____	Phone (_____) _____	Phone (_____) _____
Relationship _____	Relationship _____	Relationship _____

**Emergency contact and information for the child**

<b>PHYSICIAN/PRIMARY CARE</b>  Name _____  Phone (_____) _____	<b>ADDRESS</b> Street Address _____ Town _____ State _____  Medical Insurance Company _____  <b>**If unavailable, another licensed physician may treat my child – YES OR NO</b>
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<b>PLEASE LIST THE CHILD'S ALLERGIES <i>If any</i></b>  _____  _____	<b>LIST OF MEDICATION(S) CHILD IS TAKING</b>  _____  _____  <b>**If medications are needed during operating hours, please provide a doctor's note listing the name of the medication(s), time(s), and quantity(s) to be administered with a signature</b>
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**Media**

Is it okay for Otter River Childcare, LLC to post videos/pictures of your child on social media – **YES OR NO**

SIGNATURE OF PARENT / GUARDIAN  _____ DATE _____	SIGNATURE OF CHILD CARE PROVIDER  _____ DATE _____
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