

## **Enrollment Application**

625 Richmond Street • Huntington, WV 25702 p 304.525.8586 • f 304.697.0355 childrensplacewv.com

Child's Date of Birth/Due Date \_\_\_ /\_\_\_ /\_\_\_\_

	Enrollment Date//	
Child's Name	Child's Nickname	
Child's Street Address	Phone	
City	State	Zip
Special Visitation / Custody Considerations:		
Who will typically pick-up your child from our care?		
Family Information		
Mother's / Legal Guardian Name	Phone	
Employer's Name / Street Address	Business Phone	
City	State	Zip
Father's / Legal Guardian Name	Phone	
Employer's Name / Street Address	Business Phone	
City	State	Zip
Siblings		
Name	Sex	/ / Birthdate
Name	Sex	/ / Birthdate
Name	Sex	/ / Birthdate

## **Child's Medical Information / History** Family Doctor Phone Family Dentist Phone Phone Health Insurance Provider Policy # Does your child have any known allergies, special medications, or other special needs? List below any medications your child is receiving, how often, and prescribed by whom: Medication Frequency Physician Medication Physician Frequency Medication Frequency Physician Medication Frequency Physician **Background Information** Does your child have experience being cared for outside of the home? ☐ Yes, in a group setting (Explain: ☐ By a person other than parents (Explain: \_\_\_\_\_\_ Has your child had any severely upsetting experiences such as divorce of parents, death in the family, frequent or recent moves, etc.:



Please list any information about your child which will be helpful in the experience ac new environment such as eating, sleeping, play, fears, habits, likes, dislikes, etc.:	Jujusting to a
Remarks or Special Concerns:	
I hereby agree to cooperate with the facilities regulations. In case emergency medica necessary, I hereby tive my permission for my child to receive care by the attending part of the cooperate with the facilities regulations. In case emergency medical necessary, I hereby tive my permission for my child to receive care by the attending part of the cooperate with the facilities regulations. In case emergency medical necessary, I hereby tive my permission for my child to receive care by the attending part of the cooperate with the facilities regulations.	
Signature of Parent or Legal Guardian Date	
Note: A \$25.00 application fee needs to be included with your application. Upon receipt of your child will be placed on the enrollment list.	this enrollment,

