



APPLICATION FOR ADMISISON TO CHILD CARE

3300 W 49th Street Sioux Falls, SD 57106

605-362-0700

CHILD INFORMATION

Child's Name Preferred Name/Nickname Birth Date

Home Address City/State Zip Code Phone Number

Allergies & other Medical Conditions (i.e. asthma, diabetes, epilepsy, physical limitations, etc.)

Previous Child Care Placement(s): _____

PARENT INFORMATION

Parent/Guardian Name Home Phone _____

Home Address _____

Parent's Social Security Number _____

Parent email address _____

Place of Work Work Phone _____

Work Schedule _____

Parent/Guardian Name Home Phone _____

Home Address _____

Parent's Social Security Number _____

Parent email address _____

Place of Work Work Phone _____

Work Schedule _____

Parent's Marital Status: _____ Married _____ Separated _____ Divorced _____ Single

Is Either Parent Deceased? _____ Remarried? _____

Custody Arrangements? _____

Is anyone restricted from seeing the child(ren)? If so please list.

In an emergency contact:

Name Relationship Phone Number

Name Relationship Phone Number

Who will pick up child(ren):

Name Relationship Vehicle Type

Name Relationship Vehicle Type

Name Relationship Vehicle Type

Child/Family Physician:

Physician Name Clinic Phone Number

Is there any additional information you would like to share about your child? (Favorite things, food likes, special interest or fears, etc)

I hereby give **Lil Friends Learning Center** permission to post pictures of my child on the closed group Facebook page. YES or NO

Emergency Medical Care Authorization

I hereby give permission for emergency medical treatment for my child _____
if requested by _____, who is our child care provider.

Please note that my child is allergic to the following medications: _____

It is also important to note that my child has the following special medical conditions _____

Parent Signature Parent Signature Date

I/We attest that the information listed on this application is as accurate and complete as possible.

Parent Signature Parent Signature Date

PLEASE ATTACH CHILD'S IMMUNIZATION RECORD