Quality Respite and Home Care, Inc Daycare

Applicant Information

Please consider my son/daughter (circle) as a client: _____

Start Date: _____ Date of Tour:_____

Client Information:

Client Name:

_____

Last First Middle

Client Home Address:

_____

Street City State Zip

Client Home Phone: _____ Date of Birth:_____

Persons authorized to pick up your child at daycare:

_____

_____

In case of emergency, list contact name, address and phone number *(list at least two):*

_____

_____

Family Information:

Sponsor's Name: _____ Sponsor's Name :_____

Relationship To Child: _____ Relationship To Child: _____

Home Address: _____ Home Address:_____

Home Phone: _____ Home Phone:_____

Pager or Cellular Phone: __ _____ __ Pager or Cellular Phone: _____

Email Address: _____ Email Address: _____

Occupation: _____ Occupation: _____

Job Title:_____ Job Title: _____

Name of Business_____ Name of Business: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Drivers License: _____ Drivers License: _____

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Social Security Number: _____ Social Security Number:_____

Does client live on a full time basis with both mother and father *(natural or adopted)?*
☐ Yes · No
If no, please specify *(and, if applicable, provide legal documentation regarding any custody arrangements):* _____

_____
How were you referred to our daycare? *(name of source if possible)*

_____
Other children in family: Name Date of Birth Current Preschool/School

_____

_____

Medical Information:

Name of Child's Physician:_____ Phone Number: _____
Local Person for Emergency *(Name):*

_____

Relationship: _____Phone Number: _____

Please list any medicines or food to which your child is allergic: _____

_____

_____

Signatures

_____ _____
Sponsor Date Sponsor Date

Additional Pertinent Information: