



The Cary School
 300 SE Cary Parkway, Cary, NC 27511
 Phone: 919-466-7530 / Fax: 919-466-0329

Date Application Completed or Updated _____ Date of Enrollment _____

CHILD'S APPLICATION FOR ENROLLMENT

CHILD INFORMATION: Date of Birth: _____

Full Name: _____

Last First Middle Nickname

Child's Physical Address: _____

FAMILY INFORMATION: Child lives with: _____

Father/Guardian's Name : _____ Home Phone: _____

Address (if different from child's) _____ Zip Code: _____

Work Phone : _____ Cell Phone: _____

Mother/Guardian's Name: _____ Home Phone: _____

Address (if different from child's) _____ Zip Code: _____

Work Phone : _____ Cell Phone: _____

CONTACTS: Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application.

Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number
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Name	Relationship	Address	Phone Number
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HEALTH CARE NEEDS: For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan shall be attached to the application. The medical action plan must be completed by the child's parent or health care professional. Is there a medical action plan attached? Yes_ No_

List any allergies and the symptoms and type of response required for allergic reactions. _____

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns. _____

List any particular fears or unique behavior characteristics the child has _____

List any types of medication taken for health care needs _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child____

EMERGENCY MEDICAL CARE INFORMATION:

Name of health care professional _____ Office Phone _____
 Hospital preference _____ Phone _____

I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.

Signature of Parent/Guardian _____ Date _____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Signature of Administrator _____ Date _____