

Registration Paid \_\_\_\_\_

FT /PT — Infant/Toddler



## Crescent City Christian Daycare

### Application

Child's Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Anticipated start date (if space is available): \_\_\_\_\_

#### Father's information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Place and Phone # \_\_\_\_\_

Email: \_\_\_\_\_

#### Mother's information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Place and Phone# \_\_\_\_\_

Email: \_\_\_\_\_

*(If any information is to change-----Please notify the Daycare office)*

Person with whom the child lives: \_\_\_\_\_

Legal Guardian (if different from above) \_\_\_\_\_

Describe briefly any shared legal custody agreement (submission of legal documentation is required) \_\_\_\_\_

**Medical information:**

Physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Insurance \_\_\_\_\_

Allergies: \_\_\_\_\_

Has your child had any difficulties with  
Hearing? \_\_\_\_\_ Vision? \_\_\_\_\_ Other? \_\_\_\_\_

Special Needs or disabilities: \_\_\_\_\_

Has your child been in a daycare setting before: \_\_\_\_\_

Religion: \_\_\_\_\_ Home Church: \_\_\_\_\_

CCC Daycare does not discriminate due to religion

**Emergency Contacts: (other than parents)**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ # \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ # \_\_\_\_\_

**Pick-Up Authorization:**

Name: \_\_\_\_\_ Relationship and Phone # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Please notify the above individuals that they will be asked to show proof of identity at pick-up\**

Parent's/Legal Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_