

Registration Paid _____

FT /PT — Infant/Toddler



Crescent City Christian ELC

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 School 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: _____