

a b c o g l d

RASCALS DAYCARE CENTER
Application For Admission (contd)

Start Date _____ Referred By: _____

Days Attending: MON TUES WED THURS FRI Hours: F/T P/T

ONLY THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP MY CHILD

NAME	RELATIONSHIP	PHONE

Please list any extra names and phone numbers

Child's Physician _____ Phone _____

FIRST AID

In the event of any emergency, I authorize the staff of Rascals Daycare center to provide any first aid care deemed if necessary

SIGNATURE _____ DATE _____

EMERGENCY CARE

In the event of any emergency, I authorize the staff of Rascals Daycare center to provide any first aid care deemed if necessary

SIGNATURE _____ DATE _____

PAYMENT

In the event a child is not present payment is still required for that week.

SIGNATURE _____ DATE _____

COTS

I am allowing Little Rascals to nap my child on a cot at naptime.

SIGNATURE _____ DATE _____

BOTTLES

I am allowing Little Rascals to make the bottles for my child. The milk/formula being used is _____

SIGNATURE _____ DATE _____