



*Caring for Kids...*  
**U**nconditional Love...  
*Unlimited Possibilities...*

## APPLICATION FOR ADMISSION

JFK \_\_\_\_\_ JH \_\_\_\_\_  
PH \_\_\_\_\_ HH \_\_\_\_\_

Registration Paid \_\_\_\_\_  
Date Enrolled \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Diagnoses: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Marital Status of Parent (s):

( ) Single ( ) Married ( ) Separated  
( ) Divorced Custody with \_\_\_\_\_

Special circumstances we should be aware of \_\_\_\_\_

Siblings:	Names	Birthdates
	_____	_____
	_____	_____
	_____	_____

Emergency Care (other than parents)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Preference \_\_\_\_\_ Pastor \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**HEALTH**

What communicable diseases has child had?

Mumps

Measles

Chicken Pox

Lice

Pink Eye

Whooping Cough

Other

Any serious illness or hospitalization? \_\_\_\_\_

Any known allergies (asthma, hay fever, insect bites, medicines, foods?) \_\_\_\_\_

Are there any special instructions if your child becomes ill? \_\_\_\_\_

Are any medications given regularly? Yes or No If yes, what? \_\_\_\_\_

**SOCIAL RELATIONSHIPS**

By nature, is child friendly? \_\_\_\_\_ Shy? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

With what age child does your child prefer to play with? \_\_\_\_\_

Does your child know any other children in the center? \_\_\_\_\_

Does your child enjoy being alone? \_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_

Does your child demand a lot of adult attention? \_\_\_\_\_

What makes him/her mad or upset? \_\_\_\_\_

How does your child show feelings? \_\_\_\_\_

What is the most effective discipline? \_\_\_\_\_

Does your child like to be read to? \_\_\_\_\_

Listen to music? \_\_\_\_\_ Play outdoors? \_\_\_\_\_

**COMMENTS:**

In what particular ways can we help your child this year? \_\_\_\_\_

---

---

---

---

---

---

# AUTHORIZATION FORM

**FOR EMERGENCY USE AT HOSPITAL:**

I hereby give permission for emergency treatment for my child

\_\_\_\_\_ If requested by \_\_\_\_\_, the  
(child's name) (day care center)  
authorized day care provider caring for \_\_\_\_\_  
(child's name)

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature

.....  
**For Child's Doctor:**

I hereby give permission for emergency treatment for my child

\_\_\_\_\_ If requested by \_\_\_\_\_, the  
(child's name) (day care center)  
authorized day care provider caring for \_\_\_\_\_  
(child's name)

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature

.....  
**MEDICATION ADMINISTRATION:**

I give you permission to administer the following medication to my child,

\_\_\_\_\_.  
(child's name)

\_\_\_\_\_  
(name of medication and instructions for administration)

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT'S SIGNATURE

**TRAVEL AUTHORIZATION**

**I DO    I DO NOT (CIRCLE ONE) give my permission for my child**

**\_\_\_\_\_ to leave the Liberty Center Care Program for trips in  
(child's name)**

**a car or on public transportation, to special places, walks to the park,  
shopping trips, etc. I understand that I will be notified before each such  
activity.**

**Restrictions on such trips:**

- Each child riding in an automobile will be secured in a seat belt.**

**Additional restrictions set by parents:**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**



**PICTURE RELEASE**

**I DO    I DO NOT (CIRCLE ONE) give my permission to have my child  
appear in any media coverage approved by the Liberty Center Care Program.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**