

Application for Day Care Enrollment

Date of application: _____

Program applied for: Summer After-School

please print

GENDER: Male Female

CHILD'S NAME

CHILD'S ADDRESS

CHILD'S PHONE NUMBER

DATE OF BIRTH

SCHOOL ATTENDING

GRADE

CHILD LIVES WITH: Both parents Mother Father Other _____

PARENT'S NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

CELL PHONE

MARITAL STATUS

PARENT'S NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

CELL PHONE

CUSTODY

Other members of household:

NAME RELATIONSHIP SCHOOL/EMPLOYMENT

NAME RELATIONSHIP SCHOOL/EMPLOYMENT

NAME RELATIONSHIP SCHOOL/EMPLOYMENT

NAME RELATIONSHIP SCHOOL/EMPLOYMENT

Persons authorized to pick up child (other than parents):

NAME

NAME

ADDRESS

ADDRESS

HOME PHONE WORK PHONE CELL PHONE

HOME PHONE WORK PHONE CELL PHONE

RELATIONSHIP TO CHILD

RELATIONSHIP TO CHILD

Check here if additional individuals will be authorized to pick up your child and attach those names to this application.

Persons NOT authorized to pick up child, if any:

CHILD'S DOCTOR

ADDRESS

TELEPHONE

HOSPITAL PREFERENCE: Rush Oak Park Hospital West Suburban Medical Center**In case of emergency, name and address of relative or friend to be contacted if parents cannot be reached:**

NAME

NAME

ADDRESS

ADDRESS

HOME PHONE

WORK PHONE

CELL PHONE

HOME PHONE

WORK PHONE

CELL PHONE

RELATIONSHIP TO CHILD

RELATIONSHIP TO CHILD

Special conditions related to your child's physical or emotional development (allergies, medications, etc.):

Previous day care experience (where and when):

Other information that may be helpful for us to know about your child:

Employment information

PARENT'S NAME

PARENT'S NAME

PARENT'S PLACE OF EMPLOYMENT

PARENT'S PLACE OF EMPLOYMENT

ADDRESS

ADDRESS

WORK PHONE

CELL

WORK PHONE

CELL

EMAIL

EMAIL

POSITION OR OCCUPATION

POSITION OR OCCUPATION

to

to

HOURS OF EMPLOYMENT

HOURS OF EMPLOYMENT

Parent's training

NAME OF SCHOOL OR COLLEGE ATTENDING

ADDRESS

PHONE

HOURS ATTENDING

DAYS ATTENDING

Gross monthly income

\$ _____
PARENT'S MONTHLY INCOME

\$ _____
SECOND JOB

\$ _____
CHILD SUPPORT

\$ _____ S.S.I. \$ _____ TANF

\$ _____
GROSS ANNUAL INCOME

\$ _____
PARENT'S MONTHLY INCOME

\$ _____
SECOND JOB

\$ _____
CHILD SUPPORT

\$ _____ S.S.I. \$ _____ TANF

\$ _____
GROSS ANNUAL INCOME

Please state any unusual expenses or financial problems:

Verification documents submitted:

- Income tax return
- Check stub/s
- Letter from employer (if you have recently started a new job)
- Letter and school schedule (if you are a student) Other _____

All information stated above is correct.

SIGNED

DATE

***** OFFICE USE ONLY *****

CHILD'S ENROLLMENT DATE

SCHEDULE OF DAYS AND HOURS OF CARE

CHILD'S DISCHARGE DATE



Parent Agreement

I agree to abide by the following policies if my child is enrolled in Hephzibah's Day Care Program:

- Hephzibah Children's Association shall not be liable in the event of illness or injury while my child is participating in a Hephzibah activity.
- Hephzibah Children's Association staff may secure needed emergency medical care when I cannot be reached.
- My child may be transported by Hephzibah Children's Association and participate in Hephzibah Day Care field trips under proper supervision without prior notice.
- Photographs may be taken of my child and used for publicity purposes.
- Hephzibah Children's Association may exchange information regarding my child with those professional agencies or people concerned with my child's education and health. I fully understand that this may entail social, medical, educational or psychological information.
- I will provide proof of a physical examination and immunization record for Hephzibah Children's Association records.
- I will notify Hephzibah Children's Association by phone when my child is going to be absent. I realize that this is for my child's protection and that Hephzibah cannot be held responsible for any child who is not at the pickup point or does not arrive at the Day Care site after school.
- I will pick up my child by 6 p.m. or pay the late fee of \$1 per minute if I pick up my child after 6 p.m.

PARENT'S SIGNATURE

DATE

Please submit enrollment application* to:

Hephzibah Children's Association | 1144 Lake Street, 5th Floor | Oak Park, IL 60301

*No fees are due at this time.