



SINGLE WOMEN WITH CHILDREN, INC.

Application

Name of Child: _____
(First) (MI) (Last)

Birth Date: _____

Address _____

Insurance Carrier: _____

Parents/ Guardian:

Father: _____

Home Phone # _____ **Work Phone #** _____

ADDRESS: _____

Place of Employment: _____

Mother: _____

Home Phone # _____ **Work Phone #** _____

ADDRESS: _____

Place of Employment: _____

Address _____

Application Continued

Does your child have any known allergies? _____

If so explain: _____

Give any information to us that might be helpful during your child's care: _____

Name of child's doctor: _____

Address of Child's doctor _____

_____ Doctor's phone # _____

Name of child's dentist _____

_____ Dentist's phone # _____

Emergency contacts:

Name _____ Relationship _____

Phone # _____

Name _____ Relationship _____

Address of child's dentist: _____

Phone # _____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family can be contacted immediately.

(Signature of parent/guardian)

(Date)

Page 3

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time

custodian. Provision will be made for adequate and appropriate rest and indoor and outdoor activities.

(Signature of Operator)

(Date)