

Power Haus Sports & Learning Academy

APPLICATION/RECORD OF CHILD INFORMATION

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**PARENT OR OTHER PERSON(S) PLACING THE CHILD**

1. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Typical working hours \_\_\_\_\_

2. Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Typical working hours \_\_\_\_\_

**OTHER PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Hospital \_\_\_\_\_

**PICK UP CONSENT**

If someone other than the parent(s) or legal guardian should need to pick up the child, then this portion that authorizes other adults to pick up the child **MUST** be filled out.

I/we authorize ONLY the following people to pick up my/our child when I am/we are unavailable.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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**PROGRAM**

Days per week \_\_\_\_\_ Hours of care \_\_\_\_\_ First day of care \_\_\_\_\_

**CHILD INFORMATION**

Medical problems or handicaps \_\_\_\_\_

Restrictions for indoor or outdoor play \_\_\_\_\_

Allergies \_\_\_\_\_

Fears \_\_\_\_\_

Does the child take a nap? \_\_\_\_\_ Normal length \_\_\_\_\_

Does the child regularly take medication? \_\_\_\_\_ If so what \_\_\_\_\_

Will we be required to administer medication? \_\_\_\_\_ Directions \_\_\_\_\_

Other information that will help us in caring for your child \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or other person placing child

\_\_\_\_\_  
Signature of caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date child left care