

Una Baptist Child Care
1931 Murfreesboro Pike
Nashville, Tennessee 37217
(615)361.7507

ENROLLMENT APPLICATION

FULL NAME OF CHILD: _____

CHILD'S PLACE OF BIRTH: _____

CHILD'S DATE OF BIRTH: _____

DESIRED START DATE: _____ DATE OF ADMISSION: _____

CHILD'S SOCIAL SECURITY #: _____-____-_____

PARENT INFORMATION

MOTHER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ ST.: _____ ZIP CODE _____

PLACE OF EMPLOYMENT: _____

WHAT HOURS DO YOU WORK? FROM: _____ TO: _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

WORK #: _____ EXT#: _____

HOME #: _____ CELL # _____

E-MAIL ADDRESS: _____

FATHER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ ST. _____ ZIP CODE: _____

PLACE OF EMPLOYMENT: _____

WHAT HOURS DO YOU WORK? FROM _____ TO: _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____

WORK#: _____ EXT#: _____

HOME #: _____ CELL #: _____

E-MAIL ADDRESS: _____

TRANSPORTATION PLAN

To insure the safety and security of your child please list all adults to whom your child may be released or all persons who are authorized to provide transportation for your child.

PLEASE NOTE: NO CHILD OR CHILDREN WILL BE RELEASED TO ANYONE WHOSE BEHAVIOR MAY PLACE THE CHILD OR CHILDREN AT IMMEDIATE RISK OF HARM OR DANGER. THE STAFF IS REQUIRED BY THE STATE OF TENNESSEE TO REFUSE TO RELEASE ANY CHILD TO A PERSON OR PERSONS EXIBITING BEHAVIOR THAT MIGHT PLACE A CHILD AT RISK OF HARM. (EXAMPLES: PRESENCE OF ALCOHOL, DRUGS, ETC.....) IN THIS EVENT THE PERSON LISTED ON YOUR EMERGENCY PLAN WILL BE CALLED TO TRANSPORT THE CHILD.

NAME: _____ RELATION: _____

HOME# _____ WORK#: _____ CELL #: _____

NAME: _____ RELATION: _____

HOME#: _____ WORK#: _____ CELL#: _____

NAME: _____ RELATION: _____

HOME#: _____ WORK#: _____ CELL#: _____

NAME: _____ RELATION: _____

HOME#: _____ WORK#: _____ CELL#: _____

NAME: _____ RELATION _____

HOME#: _____ WORK#: _____ CELL#: _____

EMERGENCY INFORMATION

LIST THE NAME OF A PERSON OTHER THAN THE PARENTS WHO HAS BEEN GIVEN AUTHORITY TO MAKE EMERGENCY DECISIONS IN THE CASE THAT THE PARENTS CANNOT BE REACHED.

NAME: _____ RELATION: _____

STREET ADDRESS: _____

CITY: _____ ST. _____ ZIP CODE: _____

WHERE EMPLOYED: _____

WORK HOURS: FROM _____ TO: _____ DEPT: _____

HOME#: _____ CELL#: _____

WORK#: _____ EXT# _____

MEDICAL INFORMATION

PHYSICIAN'S NAME: _____

STREET ADDRESS: _____

CITY: _____ ST.; _____ ZIP CODE: _____

ALLERGIES: _____

ALLERGY SYMPTOMS: _____

SEVERITY: SEVERE _____ MODERATE _____ MILD _____

WHAT IS THE TREATMENT? _____

PHYSICIAN'S PHONE NUMBER: _____

INSURANCE CARRIER: _____

POLICY NUMBER: _____

UNA BAPTIST CHILD CARE ONLY CARRIES SECONDARY INSURANCE, NOT PRIMARY INSURANCE. OUR FINANCIAL LIABILITY IS LIMITED TO ONLY WHAT THE SECONDARY INSURANCE WILL PAY.

DOES YOUR CHILD OR ANY PERSON IN YOUR IMMEDIATE FAMILY HAVE ANY HEALTH ISSUES OR FAMILY MEDICAL HISTORY THAT UNA BAPTIST CHILD CARE NEEDS TO BE MADE AWARE OF? IF SO, PLEASE EXPLAIN ON THE FOLLOWING PAGE.

HAS YOUR CHILD PREVIOUSLY ATTENDED CHILD CARE? IF YES, WHERE DID THEY ATTEND?
NAME OF CENTER:

PARENTS, PLEASE READ AND SIGN:

- A) I HAVE RECEIVED A COPY OF THE OF THE DEPARTMENT OF HUMAN SERVICES SUMMARY OF LICENSING REQUIREMENTS.**
- B) I DO HEREBY AUTHORIZE EMERGENCY MEDICAL CARE FOR MY CHILD, _____ WHILE ATTENDING THIS CHILD CARE CENTER.**
- C) I UNDERSTAND THAT ACCIDENT INSURANCE IS NOT PROVIDED.**
- D) I HAVE HAD A PRE-ENROLLMENT TOUR OF THIS FACILITY ON, _____.**
- E) I GIVE PERMISSION FOR THE PERSON OR PERSONS LISTED ON MY TRANSPORTATION PLAN TO PICK-UP AND OR TRANSPORT MY CHILD FROM UNA BAPTIST CHILD CARE.**
- F) I HAVE RECEIVED A COPY OF THE UNA BAPTIST CHILD CARE PARENT POLICIES DATED AUGUST 15, 2011.**
- G) I HAVE RECEIVED A COPY OF THE FLU GUIDE FOR PARENTS.**
- H) I GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED BY AMBULANCE TO THE NEAREST MEDICAL FACILITY IN THE CASE OF A MEDICAL EMERGENCY.**

PARENT SIGNATURE: _____ DATE: _____