



MALLARD CREEK LEARNING CENTER  
 "Where Children Learn, Grow, & Play"

8765 Browne Road, Charlotte, NC 28269

Tel: 704-948-2046 Fax: 704-948-2047

jwilliams@mallardcreekcenter.com

## APPLICATION FOR CHILDCARE, SUMMER CARE, or AFTERSCHOOL CARE

### Information about the Child:

Child's Full Name: \_\_\_\_\_

(Last) (First) (Middle) (Nickname)

Sex: (M) (F) Date of Birth: \_\_\_/\_\_\_/\_\_\_/ Date of Application: \_\_\_/\_\_\_/\_\_\_/ Date of Enrollment: \_\_\_/\_\_\_/\_\_\_/

Child's Physical Address: \_\_\_\_\_

(City/St) \_\_\_\_\_ (Zip) \_\_\_\_\_

Parent's Contact Info: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

### Family Information:

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Guardian \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Contact Info: (Home Phone) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

Where Employed: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

(City/St) \_\_\_\_\_ (Zip) \_\_\_\_\_

Mother's Work Address: \_\_\_\_\_

(City/St) \_\_\_\_\_ (Zip) \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Contact Info: (Home Phone) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

Where Employed: \_\_\_\_\_

Father's Home Address: \_\_\_\_\_

(City/St) \_\_\_\_\_ (Zip) \_\_\_\_\_

Father's Work Address: \_\_\_\_\_

(City/St) \_\_\_\_\_ (Zip) \_\_\_\_\_

### Emergency Care Information:

Name of Child's Doctor: \_\_\_\_\_

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

Name of Child's Dentist: \_\_\_\_\_

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

Insurance Carrier: \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

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

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



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**Information about the Child's Care:**

**Primary Hours of Care are Needed (Time):** From \_\_\_\_\_ To \_\_\_\_\_

**When Care is Needed (Circle All That Apply):** (Before School) (Daytime) (Afterschool Care) (2<sup>nd</sup> Shift) (Summer)

**Does Your Child Have Any Known Allergies or Special Dietary Needs?** (YES) (NO)

If yes, please list allergies: \_\_\_\_\_

**Helpful Information:**

Please provide any information concerning your child which will be helpful in his/her experiences in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes, etc.):

\_\_\_\_\_  
 \_\_\_\_\_

**Contacts:**

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

**Name:** \_\_\_\_\_ (Relationship) \_\_\_\_\_  
 (Home Phone) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

**Name:** \_\_\_\_\_ (Relationship) \_\_\_\_\_  
 (Home Phone) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Business) \_\_\_\_\_

If you cannot pick up your child, please provide the names of the persons to whom the child can be released:

\_\_\_\_\_  
 \_\_\_\_\_

**Authorization for Emergency Care:**

I hereby grant permission for the staff of this facility to authorize the physician of his/her choice to provide emergency medical care in the event that neither I nor the family physician can be contacted immediately:

**Name:** \_\_\_\_\_  
 (Print Name) (Signature of Parent) (Date)

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

**Name:** \_\_\_\_\_  
 (Print Name) (Signature of Parent) (Date)

**Field Trips and Activities Outside the Fenced Playground:**

I hereby grant permission to \_\_\_\_\_ for my child to participate in a  
 (Name of the Childcare Provider)

walking trip or to be transported in a vehicle for a field trip. I further give permission to the facility for my child to participate in developmentally supervised activities outside of the fenced playground.

**Name:** \_\_\_\_\_  
 (Print Name) (Signature of Parent) (Date)