



APPLICATION FOR CHILD CARE

Child's Name: _____ Sex: _____ Birthdate: _____

Address: _____

Home Email: _____

Home Phone: _____

I. PARENT INFORMATION

Parent 1: _____

Parent 2: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Cell: _____

Cell: _____

Employed by: _____

Employed by: _____

Address: _____

Address: _____

Department: _____

Department: _____

Business Phone: _____

Business Phone: _____

Hours of Employment: _____

Hours of Employment: _____

Email Address: _____

Email Address: _____

Parent's marital Status: _____ Parent(s) having custody of child: _____

Guardian (other than parent): _____

Siblings:

1. _____ Age: _____

3. _____ Age: _____

2. _____ Age: _____

4. _____ Age: _____

Other adults living in home: _____

II. EMERGENCY CONTACTS

Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Name: _____ Relationship: _____ Address: _____ Phone: _____

Name: _____ Relationship: _____ Address: _____ Phone: _____

III. PERSONS AUTHORIZED TO TAKE CHILD FROM EARLY EXPLORATIONS (minimum of one required)

Name: _____ Relationship: _____ Address: _____ Phone: _____

Name: _____ Relationship: _____ Address: _____ Phone: _____

Name: _____ Relationship: _____ Address: _____ Phone: _____

IV. COMMENTS ON CHILD'S DEVELOPMENT, ALLERGIES, OR SPECIAL CUSTODY ARRANGEMENTS

V. AGREEMENTS:

1. When my child is ill, it is understood and agreed that he/she may not be accepted into care.
2. I have received and will abide by the policies and procedures set forth in the Early Explorations Parent Handbook, including any future addendums.
3. I have been given a summary of the licensing standards, provided by the Illinois DCFS.

X _____
Parent 1 Signature Date

X _____
Parent 2 Signature Date

Start Date: _____ End Date: _____

Circle Days of Attendance: Mon Tue Wed Thu Fri