



Hilldale Christian Child Care Center, Inc.

501 HIGHWAY 76
CLARKSVILLE, TN 37043
(931) 920-3931

CHILD'S APPLICATION – INFANTS AND YOUNG CHILDREN

Full Name of Child _____

Date of Admission _____ Child's Birth Date _____

PARENTS:

Mother's Name _____ Street Address _____

City _____ State _____ Zip Code _____ Phone _____

Work Phone _____ Work Place _____

Work Hours _____ Cell Phone _____

Email Address _____

Father's Name _____ Street Address _____

City _____ State _____ Zip Code _____ Phone _____

Work Phone _____ Work Place _____

Work Hours _____ Cell Phone _____

Email Address _____

TRANSPORTATION PLAN:

To insure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

EMERGENCY INFORMATION:

Name of Physician _____ Address _____

Office phone _____ Home phone _____

Name of person authorized to act for parent in an emergency

Address _____ Home Phone _____

Employer _____ Address _____

Work Phone _____ Work Hours _____

BACKGROUND INFORMATION

| Other children in the family | Birth Date | School |
|------------------------------|------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I have received a summary of licensing requirements.
I do hereby authorize emergency medical care:

Signature of Parent