

## APPLICATION FOR IN-HOME CHILD CARE SERVICES

FAMILY INFORMATION

**Parent Email Addresses** \_\_\_\_\_

**1. Child's Full Name** \_\_\_\_\_ **Name called at home** \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Child is a BOY or GIRL or GENDER-FREE Allergies \_\_\_\_\_

**2. Child's Full Name** \_\_\_\_\_ **Name called at home** \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Child is a BOY or GIRL or GENDER-FREE Allergies \_\_\_\_\_

**3. Child's Full Name** \_\_\_\_\_ **Name called at home** \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Child is a BOY or GIRL or GENDER-FREE Allergies \_\_\_\_\_

**Family Address** \_\_\_\_\_ **City** \_\_\_\_\_, **NC \*Zip Code required!\*** \_\_\_\_\_

**Child(ren) live with?**

Both parents Single mother Single father Parent & step-parent Foster parent(s) Grandparent(s) Other \_\_\_\_\_

**Parent /Guardian #1:** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Name of Workplace or College & Address:** \_\_\_\_\_

**Parent /Guardian #2:** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Name of Workplace or College & Address:** \_\_\_\_\_

List \*all\* other people that live in this home or frequently visit. Identify each person's relationship to the family:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**\*In the event of an emergency, the provider will attempt to contact parents/guardians first. If neither parent/guardian can be reached, we will then call:**

1st person to contact in an emergency (Other than parent/guardian)	Name & Relation:	Home Phone:	Work Phone:	Cell phone:

- 1) What cultural/religious celebrations are important to your family? \_\_\_\_\_
- 2) Describe all family pets \_\_\_\_\_
- 3) List any challenging behaviors each child has \_\_\_\_\_
- 4) Please describe each child's daytime nap and nighttime sleeping pattern \_\_\_\_\_
- 5) How many individuals have previously worked with your family as a nanny, au-pair, or frequent babysitter (once a month or more often)? \_\_\_\_\_

**HEALTH & EMERGENCY CARE INFORMATION \*\*Children with health care needs: A Medical Action Plan must be attached to this application\*\***

- 1) List any allergies, the symptoms, and type of response required for allergic reactions \_\_\_\_\_
- 2) List any health care needs or concerns, the symptoms, and type of response required for these health care needs \_\_\_\_\_
- 3) List any medication(s) used for health care needs \_\_\_\_\_
- 4) Are special education services received? (speech therapy; feeding therapy, physical therapy; behavioral therapy, etc.)? \_\_\_No \_\_\_Yes, circle which therapy
- 5) Any additional information concerning your child(ren)/family: special needs, restricted diet, seizure history, frequent complaints, any other needs) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Date of Card Issue \_\_\_\_\_

Child(ren)'s doctor \_\_\_\_\_ Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Child(ren)'s dentist \_\_\_\_\_ Address \_\_\_\_\_ Office Phone \_\_\_\_\_

- I agree that Piedmont Global Preschool and Child Care LLC (PGPCC) staff may authorize and obtain medical attention for my child(ren) in an emergency.
- I agree that any and all injuries, or death, sustained by my child(ren), during the course of activities including, but not limited to, sleep, eating, play, travel, and exploration are solely my financial and legal responsibility. In case of an accident or unfortunate event while child care is being provided, I agree to hold Piedmont Global Preschool and Child Care LLC and its employees harmless. My child(ren) will not be transported without written parent/guardian permission.
- I have included a color copy of a current photo ID for all persons living in the home, aged 16 and up, with this application.

Parent/Guard. Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guard. Signature \_\_\_\_\_ Date \_\_\_\_\_