

Ohana Early Learning Center Child Application

**All fields must be completed.

Child's Name: _____ Birthdate: _____
Address _____ Gender: ___ M ___ F

Family Information

Father's Name: _____ DOB: _____
Address: _____ Phone: _____
Employer: _____ Phone: _____
Email: _____
Mother's Name: _____ DOB: _____
Address: _____ Phone: _____
Employer: _____ Phone: _____
Email: _____

Emergency Care Information

Known Allergies: _____
Doctor's Name: _____ Phone: _____

List two people who we can contact in case of emergency when you cannot be reached:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

I agree that the provider may authorize the physician of his/her choice to provide emergency care if neither the family physician nor I can be contacted.

(Signature of Responsible Parent) (Date)

(Signature of Responsible Parent) (Date)

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

Director Signature: _____ Date: _____