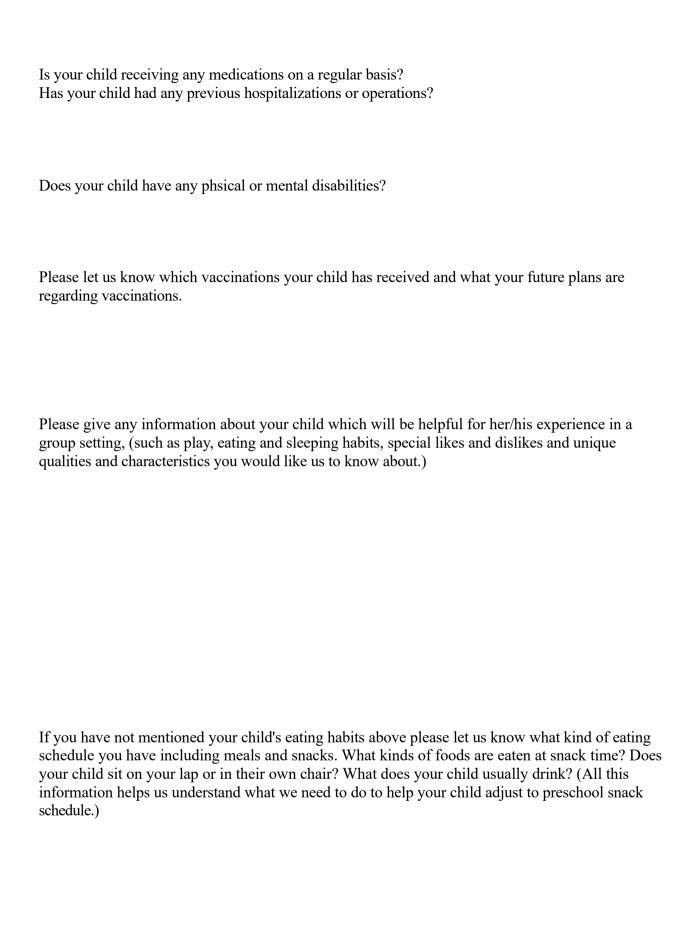
## **Application for The Children's Garden Preschool**

## Please fill out and return to: Mari Ohta at 597 Seven Mile Ridge Rd. Burnsville, NC 28714 Please enclose the non-refundable application fee of \$40 to The Children's Garden

Name of Child
Birth Date
<b>Information About The Family</b>
Parent's/Guardian's names
Contact Address(es)
Contact Phone Numbers (please include all relevant numbers day/evening/cell/work)
E-Mail Addresses
Insurance Carrier
Policy#
Information About Your Child Does your child have any known allergies?
Does your child have any chronic illnesses/conditions?



It is helpful for us to know how much media your child is exposed to on a regular basis. Please tell us about the interactions your child has with television/ movies video games/computers.
Please tell us a little about your child's history. Feel free to include any information about the
nature of the pregnancy; the birth and the overriding characteristics of babyhood and the early years.

## **Emergency Care Information Please attach a copy of both sides of the insurance card**

Name of child	Birth dateSSN
Medication Allergies: No Yes	
Food or Environmental Allergies: No Yes	
Physician's Name	Phone#
Dentist's Name	Phone #
Insurance Carrier	Policy #
Name of Parent/ Guardian	Relationship
Phone Number	
Second Parent/ Guardian	Relationship
Phone Number	

If neither mother, father or guardian can be contacted, please call from the following list:

- 1. Name and relationship to family Telephone #
- 2. Name and relationship to family Telephone #
- 3. Name and relationship to family Telephone #

Please list additional people who may be picking up your child, please include their telephone numbers.

I agree that the director may authorize the physician of her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I agree to be responsible for the cost of such emergency medical care. I agree that in such emergency medical care, staff of the Children's Garden may transport my child to the medical facility in her personal vehicle in an appropriate car seat.

Signature of parents and date: