



Summer Play Days (SPD)

Student Application



Student Name _____ DOB _____ Gender M F

Address _____

City _____ State _____ ZIP _____

Primary Phone _____ Child's Preferred Name _____

Primary Contact Email _____

Does your child have any allergies? Yes No If yes, please list _____

Does your child take medication on a regular basis? Yes No If yes, please list _____

Child lives with: Mother Father Both Other _____

Are there any custody issues that we need to be aware of? _____

Is your child potty trained? Yes No (Students in the 3Y/O program and above must be potty trained)

Mother's Name _____ Contact Phone _____

Employer _____ Contact Phone _____

Father's Name _____ Contact Phone _____

Employer _____ Contact Phone _____

Church currently attending _____

In case you are not able to be reached, who is another contact person we can call? _____

Name _____ Contact Phone _____

Please list all people (excluding the parentguardian) who are permitted to pickup your child:



MEDICAL INFORMATION

Pediatrician _____ Phone _____

Insurance Provider _____ Policy Number _____

In case of emergency, I authorize Station Hill Mother's Day Out to contact emergency personnel (ambulance/fire/police) on behalf of my child and their immediate need. I understand that every effort will be made to contact me (the parent/guardian) should such a situation occur.

Parent/Guardian Signature _____ Date _____

IMMUNIZATION RECORDS MUST BE RECEIVED BY AUGUST 10 OF THE THE CURRENT SCHOOL YEAR.

Is there any additional information that we need to know about your child? _____

One of the steps to register our preschool with the state is to make parents aware that we are not required to be licensed by the state because students attend only two days per week, for no more than 6 hours per day. By signing below, you acknowledge your awareness of the following statement: **THIS FACILITY IS NOT REQUIRED TO BE LICENSED BY THE STATE AS A CHILD CARE AGENCY.**

Parent/Guardian Signature _____ Date _____