Application of Child Care Services T and K Childcare

Name of Child:_____Birth Date: _____ Start Date:_____

A fee of _____ wk/month/day will be paid weekly for services. Transportation for school age is not included in the tuition rate, but is provided without charge to the Greater Latrobe School District and Derry School District. Breakfast, am snack, lunch and pm snack will be provided by the center. Child will arrive at _____ and depart at _____usually accompanied by _____. T and K Childcare will provide Procare Pin

Child Emergency Contact Information (To be updated every six months)

Child's Mother's Name:_____ Procare Pin_____
Email Address:_____
Home Address:_____ City/State:_____Zip:_____
Home Phone Number: _____Cell Phone:_____
Work Name:_____ Work Phone:_____
Work Address:_____ City/State:_____Zip:_____
Child's Father's Name:_____ Procare Pin _____
Email Address:_____
Home Address:_____ City/State:_____Zip:_____
Home Phone Number: _____Cell Phone:_____
Work Name:_____ Work Phone:_____
Work Address:_____ City/State:_____Zip:_____
Physician Information:
Name:_____
Address:_____City/State:_____ Zip:_____
Physician's Office Phone Number:_____
Any allergies, disabilities, special needs, special medical, special dietary requirements ___yes ____no if yes please note below.

Health Insurance Information:
Provider:_____
Policy Number:_____ Group Number:_____

Daily Reports completed on Procare or Paper (please circle)

Individuals to whom the child and health information may be released other than parents and whom the contacted in case of emergency when parents cannot be reached: (2 local individuals minimum must be listed.)

Name :_____ Phone Number:_____Procare Pin_____
Address:_____ City/State:_____ Zip:_____

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Address:_____ City/State:_____ Zip:_____

Name :_____ Phone Number:_____Procare Pin_____
Address:_____ City/State:_____ Zip:_____

Written Consent is given for : Please initial/sign items you give you consent to :

_____ Emergency Medical Care
_____ Minor First Aid
_____ Photos in Local paper, social media and center use
_____ Administration of Medication (Parents must follow all medical guidelines)
_____ Swimming (when applicable)
_____ Field Trips/Transportation To and From Field Trips/To and From School and walking field trips (A permission form will be sent home prior to all trips.)

_____ _____

Signature of Director and Date

Signature of Parent/Guardian and Date