



## YoungerMusik

### Application For Admission

Date of Admission: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Mother's Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

#### EMERGENCY CONTACT (OTHER THAN PARENT)

Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

The following person (people) is/are **NOT** allowed to pick up my child under any circumstances.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

CHILD'S HEALTH CONDITIONS: \_\_\_\_\_

Allergies – Medications \_\_\_\_\_

- Foods \_\_\_\_\_
- Insect Bites \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

#### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to YoungerMusik Day Care staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Relationship To Child \_\_\_\_\_