

Hope Dealer University
108 C Woodland Drive
Lancaster SC 29720
980-433-9403

This form is to be completed for each child at the time of enrollment in the childcare facility, updated as need when changes occur.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: Hope Dealer University County: Lancaster

Address: 108 C Woodland Drive, Lancaster Sc 29720

Child Name: _____

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____

Parent/ Guardian's Full Name _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name _____

Home Phone: _____ Work Phone _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name: _____ Relationship: _____

Full Address: _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name: _____ Relationship: _____

Full Address: _____

Is Child currently enrolled in school? 5K up to 6 years old) yes _____ No _____

My Child will regularly attend this facility: From _____ am/pm To _____ am/pm

If Child is a drop-in, indicate hours of care: From _____ am/pm To _____ am/pm

Check all days Child will regularly attend this facility: ___ Mon ___ Tue ___ Wed ___ Thurs. ___ Fri

Check all meals Child will receive daily: _____ Meals are not offered ___ Breakfast ___ Morning Snack
___ Lunch ___ Afternoon Snack ___ Dinner ___ Evening Snack

HEALTH INFORMATION: (TO BE COMPLETED BY Parent or Guardian)

Family Physician or Health Resource: Name: _____

Full address: _____

Emergency Care Provider: Emergency Facility Name: _____

Full Address: _____

Dental Care Provider: Name _____

Full address: _____

Certificate of Immunization: ___yes ___no ___ n/a Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/ or take the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____ is in good mental and physical health and able to participate in the child care program at

Parent/ Guardian Signature: _____ Date: _____

Director/OperatorSignature _____ Date: _____