

**BLUE ASH EDUCATIONAL BUILDING
CHILD DEVELOPMENT CENTER
10149 KENWOOD ROAD
CINCINNATI, OHIO 45242
513-891-1723 TELEPHONE
513-891-7816 FACSIMILE
www.BlueAshChildCare.com**

APPLICATION FOR ADMISSION

CHILD'S NAME _____ BIRTHDATE _____

HOME ADDRESS _____ HOME PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

HOME ADDRESS _____ ZIP _____ HOME PHONE _____

EMPL NAME & ADD _____ ZIP _____ WORK PHONE _____

OCCUPATION _____ EMAIL _____

FATHER'S NAME _____ CELL PHONE _____

HOME ADDRESS _____ ZIP _____ HOME PHONE _____

EMPL NAME & ADD _____ ZIP _____ WORK PHONE _____

OCCUPATION _____ EMAIL _____

If someone other than parent or custodian pays tuition, provide name, address, home, and work phone numbers:

If child lives with a custodian, provide name, address, home, and work phone numbers _____

NAMES OF PERSONS OTHER THAN PARENTS FOR EMERGENCY CONTACT AND RELEASE:

Name & Relationship _____ Address _____ Phone _____

Name & Relationship _____ Address _____ Phone _____

Name & Relationship _____ Address _____ Phone _____

Child's Physician _____ Address _____ Phone _____

Child's Dentist _____ Address _____ Phone _____

UNDERSTANDING

I HAVE RECEIVED, READ AND AGREE TO ABIDE BY THE PARENT'S POLICY MANUAL PROCEDURES.

Date _____ Parent Signature _____

EMERGENCY MEDICAL AUTHORIZATION

IF A PARENT DESIRES NOT TO SIGN THIS CONSENT, THEIR CHILD WILL NOT BE ENROLLED. In the event reasonable attempts to contact me, my spouse or the forgoing persons, have been unsuccessful, I hereby give my consent for the administration of any treatment or medication to my child deemed necessary by my child's physician/dentist or, in the event the designated practitioner is not available, another licensed physician/dentist, and the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians concur in the necessity for such surgery and such concurrence is obtained prior to the performance of such surgery.

SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.

DATE _____ Parent Signature _____

I give permission for my child's image to be used in it's advertising by the Blue Ash Educational Building, including but not limited to it's website, the newspaper, classroom activity, and the news media. I understand that my child's name and personal information about my child is never disclosed.

I do not give permission for my child's/children's images to be used for publication.

SIGNATURE SIGNIFIES AGREEMENT AND CONFIRMS THE AUTHORIZATION.

DATE _____ Parent Signature _____

APPROXIMATE STARTING DATE _____ CLASS _____ APPT. DATE _____

APPROXIMATE STARTING TIME _____ PROGRAM _____ REGISTRATION _____

APPROXIMATE DEPARTURE TIME _____ RATE _____ INSURANCE _____

