

Holy Ghost Childcare Center
5310 s. 52nd st
Omaha, Ne 68117
(402)731-7929

Family Information:

Child's Name: _____
Birthdate: _____ Gender M F

Mother's Name: _____ Home Phone: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____
Fathers Address: _____ City: _____ State: _____
Zip Code: _____ Cell Phone: _____
Employer: _____ Work Phone: _____

Emergency Contacts:

#1- Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell phone: _____

#2- Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

My child's schedule of attendance. Please indicate days estimated that your child will attend Holy Ghost Childcare.

M____ T____ W____ TH____ F____ *Drop in Basis only _____

*If your child is attending on a drop in basis only, please understand that it is contingent upon staffing and space availability on the day of attendance. Please call ahead to inquire about staffing on the day in question.

Medical Information:

Does your child have any allergies or special needs Y N

Please explain: _____

Child's Physician: _____ Office Phone: _____
Child's Dentist: _____ Office Phone: _____
Insurance Provider: _____ Policy#: _____
Preferred Hospital: _____

Authorizations:

I authorize Holy Ghost Childcare to transport my child, if necessary, on field trips, emergencies and for any special circumstances

Parent/Guardian signature:_____ Date:_____

I believe the staff at Holy Ghost Childcare to be competent to administer any necessary medication in the amount predetermined by me and/or my doctor.

Parent/Guardian signature:_____ Date:_____

I authorize Holy Ghost Childcare to apply sunscreen that has been brought in by me whenever necessary.

Parent/Guardian signature:_____ Date:_____

