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(615)259-9931

## Summer Discovery Program 2011

Date of Admission: \_\_\_\_\_ Application Fee (\$20) received: \_\_\_\_\_

Child's Full name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Social Security Number: \_\_\_\_\_

What does the child like to be called? \_\_\_\_\_ Grade Level 2011-2012: \_\_\_\_\_

### **PARENT(S) INFORMATION:**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Who is the primary caregiver?: \_\_\_\_\_

### **NORMAL HOURS OF CARE:** (The hours your child will typically need care)

ARRIVAL: \_\_\_\_\_

DISMISSAL: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Please name of the person(s) that you authorize to act for parent, in case of emergency

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Hours: \_\_\_\_\_

**PHYSICIAN:**

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

Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**FAMILY INFORMATION:**

Please list name, Birth date and school; of other children in the family.

<u>Name</u>	<u>Birth Date</u>	<u>School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there other adults living in the home?  
\_\_\_\_\_ Relationship to child \_\_\_\_\_

**SHOT RECORD for SCHOOL AGE:**

My child attends \_\_\_\_\_ Metro Public School.

His or her shot record is up to date and on file at the school.

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

School Telephone: \_\_\_\_\_

**PHYSICAL HEALTH**

Does your child have any health problems now?

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Has your child had any health problems in the past?

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Does your child have any Allergies?

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How severe are the allergies? What are the symptoms of an allergic reaction?

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Has your child ever been hospitalized? If so, when and why?

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Does your child have any recurring chronic illness or health problems such as:

Asthma                       Cerebral Palsy                       Development Delay  
 Diabetes                       Hemophilia                       Seizure Disorder

Other \_\_\_\_\_

Does your child take daily medication? \_\_\_\_\_ Name of medication \_\_\_\_\_

Is there any other information that you wish to share that would assist in meeting your child's needs? If so please list/explain.

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**X** \_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**Permission to Share Information**

The Bethlehem centers of Nashville’s Child care and After School Program has my permission to share information with concerned agency employees and Department of Human Services representatives. I understand that all information will be treated as confidential information.

X \_\_\_\_\_  
Parent’s Signature Date

**Emergency Medical Care Permission Form**

In the event that my child needs emergency medical care, and I cannot be reached, the agency has my permission to secure the care from any certified health facility or licensed physician.

X \_\_\_\_\_  
Parent’s Signature Date

**Pre-Visit**

I and my child(ren) had the opportunity to visit and meet the staff at Bethlehem Centers of Nashville before entering the program.

X \_\_\_\_\_  
Parent’s Signature Date

**DHS Policy Summary**

I have received a copy of the Department of Human Services Childcare Rules and Regulations Summary.

X \_\_\_\_\_  
Parent’s Signature Date

**BNC Policies**

I have received a copy of the Bethlehem Centers of Nashville Policies and Procedures (Parent Handbook).

X \_\_\_\_\_  
Parent’s Signature Date

**Photography**

I give my permission for my child to be photographed for use by BCN. I know that names and ages will not be released with photograph.

X \_\_\_\_\_  
Parent’s Signature Date

## Transportation Authorization

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

I give the following persons permission to pick up my child, \_\_\_\_\_  
from Bethlehem Centers of Nashville.

Parent Signature: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_