Wonder Years at Anderson Creek Club
Mail to: Betty Hunnicutt, 351 Wagoner Drive, Suite 155, Fayetteville NC 283030
Phone 910-624-6563 or Fax 910-814-2892 or Email POA@AndersonCreekClub.com
Please include **REGISTRATION FEE: $50 for ACC Residents**, $100 for non-residents.

Application Date_____ Date of Enrollment_____

CHILD'S APPLICATION FOR CHILD CARE

To be completed and placed on file prior to enrollment

Name of Child _____ Birth date _____
(Last) (First) (MI) (Nickname)
Address_____ Zip Code_____

INFORMATION ABOUT THE FAMILY:

Father/Guardian's Name_____ Home Phone _____
Address_____ Zip Code_____
Where Employed _____ Business Phone _____

Mother/Guardian's Name_____ Home Phone _____
Address_____ Zip Code_____
Where Employed _____ Business Phone _____

Insurance Carrier _____ Policy # _____

INFORMATION ABOUT YOUR CHILD:

Does your child have any known allergies: No____ Yes____ Explain: _____

Does your child have any chronic illnesses/conditions: No____ Yes____ Explain: _____

_____

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

_____

EMERGENCY CARE INFORMATION:

Name of child's doctor _____ Office Phone_____
Address_____
Hospital preference_____ Phone _____

If neither father nor mother (or guardian) can be contacted, call (please list relationship):
Name_____ _____ Home Phone _____ Office Phone _____
Name_____ _____ Home Phone _____ Office Phone _____
If you cannot call for your child, please give the names of persons to whom the child can be released:_____

_____

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

_____

(Signature of Parent) (Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

_____

(Signature of Operator) (Date)