

HOPE Ministries

Application for Childcare

Child Information:

Name: _____ D.O.B. _____
Social Security # _____

Mother's Information:

Mother's Name _____ SS# _____
Address _____ City _____ Zip _____
Home phone # _____ Cell phone # _____
Age and Birth Date _____ / _____ / _____
Please circle one: single married divorced
School you attend: _____
School address: _____ School Phone # _____
Grade in school: _____
School hours: _____
Expected graduation date _____

If employed:

Place of employment: _____
Work address: _____ Work Phone # _____
Position at work _____ Supervisor _____
Work hours: _____

Father's Information:

Father's Name _____
Address _____ City _____ Zip _____
Home phone # _____ Cell Phone # _____
Age & Birth date _____ / _____ / _____
Please circle one: single married divorced
School you attend: _____
School address: _____ School Phone # _____
Grade in school: _____
Expected graduation date _____

If employed:

Place of employment: _____
Work address: _____ Work Phone # _____
Position at work _____ Supervisor _____
Work hours: _____

For Office Use Only.

Date of Application: _____

Date of Admission: _____

Date of Departure: _____

Health Information:

Physician's Name _____ Phone # _____

Physician's Address _____

Does your child have any allergies or health problems? Yes or No

If yes, please explain _____

Is your child up to date on all vaccinations? Yes or No

Is there anything else you would like to tell us about your child?

Emergency Contact and Persons Authorized to Pick Up The Child:

List two names of people, other than yourself, who can be contacted in case of an emergency and are allowed to pick the child up:

1. Name _____ Phone # _____

Address _____ Relationship to Child _____

2. Name _____ Phone # _____

Address _____ Relationship to Child _____

Do you give us permission to take pictures of your child for church ministry purposes?

Yes or No

Household Information:

Do you and your child live with the child's father? Yes or No

If not, does the father have any involvement with you and/or your child? Please explain _____

Please list everyone living in the household with you and your child and their relationship to you.

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

4. Name _____ Relationship _____

Please list any siblings that may not live in the household.

1. Name _____

2. Name _____

Policies and Procedures for HOPE Ministries

- ◆ Hours of daycare operation are from 7:00 AM - 4:00 PM. I agree to be punctual in consideration of the volunteer staff caring for my child. _____
- ◆ If my child arrives at the daycare after 8:00 AM, I agree to make sure he or she has eaten breakfast. _____
- ◆ I agree that when my child is sick, he or she will not attend the daycare nor return until fever free for 24 hours. _____
- ◆ I agree that when my child has had 2 abnormally loose stools within 24 hours that he or she may not attend the daycare or return until stools are normal. _____
- ◆ I understand that all children attending the daycare have an extra change of clothes available at all times. _____
- ◆ I understand that I must provide a variety of healthy lunches on a daily basis. _____
- ◆ I agree that I am responsible for providing diapers and wipes for my child. _____
- ◆ I agree to call as soon as I know that my child will not be attending the daycare. This may result in fewer volunteers being required for that day. _____
- ◆ I agree to turn in all required paperwork and keep it updated as needed. _____
- ◆ In the event that the daycare is unable to open, I agree to have an alternative back up plan in place for childcare. _____
- ◆ I agree to attend *connecTeen parent's* workshops. _____
- ◆ I agree to provide the daycare with a schedule of my school hours and update any changes as soon as possible. _____
- ◆ I agree that the daycare will be utilized for school purposes only. This, again, is in consideration of the volunteers caring for my child. _____
- ◆ I agree to make sliding scale payments on time. _____
- ◆ I agree to have consistent attendance at the daycare. _____
- ◆ I understand that if I become pregnant, there is no guarantee that my next child will receive daycare services at HOPE Ministries. _____
- ◆ I agree that I will provide the director with my quarterly school attendance record and grade card _____
- ◆ I understand that I need to maintain a 2.0 GPA or higher, each semester, to remain eligible for this program. _____
- ◆ I agree I will use the daycare _____ days a week, _____ am _____ pm. _____

My signature indicates that I agree with the policies and procedures listed above.

Signature

Date

GOALS

Name _____

Child's Name _____

If you are accepted into the HOPE Ministries daycare program, what do you hope to accomplish in your education? (ex: graduate high school, college)

Tell us what getting into the HOPE Ministries daycare program means to you?

If you do not get accepted into the HOPE Ministries daycare program what other means of childcare do you have while you are in school?
