



Child DAY CARE SUPPLEMENTAL APPLICATION

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Insured: \_\_\_\_\_ Location: \_\_\_\_\_

GENERAL INFORMATION

Licensed by: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Licensed for (# of children): \_\_\_\_\_

Number of Children: \_\_\_\_\_ Hours open for business: \_\_\_\_\_

Number of days per week: \_\_\_\_\_ How long in business: \_\_\_\_\_

Are there animals on the premises? Yes \_\_\_ No \_\_\_

Age of Children Number of Children Number of Attendants

Table with 3 columns: Age of Children, Number of Children, Number of Attendants. Rows include Birth to 16 months, 16 months to 2 years, 2 years to 4 years, 4 years to school children, School children.

PERSONNEL REQUIREMENTS

- Do all personnel undergo criminal background checks? Yes \_\_\_ No \_\_\_
Do all personnel submit to routine drug screening? Yes \_\_\_ No \_\_\_
Describe personnel training requirements: \_\_\_\_\_
Do all employees receive instruction/training in emergency health & safety procedures? Yes \_\_\_ No \_\_\_
Are the personnel equipped to provide emergency first aid? Yes \_\_\_ No \_\_\_
Is a nurse or other licensed health practitioner employed? Yes \_\_\_ No \_\_\_
Are health records maintained for each child enrolled including information or immunizations and special health and dietary problems? Yes \_\_\_ No \_\_\_

RECREATIONAL FACILITIES

- Is the yard fully fenced? Yes \_\_\_ No \_\_\_
Is a swimming pool or wading pool on premises? Yes \_\_\_ No \_\_\_
Are any special classes taught, e.g. gymnastics, dance, swimming, etc.? Yes \_\_\_ No \_\_\_
If yes, describe. \_\_\_\_\_
Any off-premises field trips? Yes \_\_\_ No \_\_\_
If yes, how many? \_\_\_\_\_ How often? \_\_\_\_\_ How transported? \_\_\_\_\_
Are permission slips obtained? Yes \_\_\_ No \_\_\_
Describe trip destinations. \_\_\_\_\_
Describe play equipment and facilities. (Include any unusual or special equipment used such as exercise equipment, trampoline, pools, etc.) \_\_\_\_\_

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_