



DANIEL DAYCARE

A MINISTRY OF THE DANIEL ACADEMY

WWW.THEDANIELACADEMY.COM

310 W. 106TH STREET
KANSAS CITY, MO 64114
(816) 943-0923

Child Care Application

Date to begin child care: _____

Child's Name	Date of Birth / /	Gender M / F
Father/Guardian Name	Email @	Phone Number () -
Mother/Guardian Name	Email @	Phone Number () -
Home Address		
Additional Names and Contact Information (If you are a blended family, please list all names.)		

Please select which class and which days you would like to enroll your child in:

Infants (2-12 months) Toddler One Toddler Two Preschool 3 (age 3 by Aug.) Preschool 4

Full Time (More than 4 hours) M T W Th F (time frame) _____

Part Time (Less than 4 hours) M T W Th F (time frame) _____

*Please note that there is a two day minimum policy.

Please share any known allergies or other important health/medical conditions (asthma, seizures, etc.).

If your child has been in daycare or preschool, please briefly describe his/her experience and how they responded.

Please tell us about your child, their personality and some things they like/dislike.

Please describe any unusual factors in your child's life (severe illness, family issues, social/physical trauma, etc.).

If you have other children at the daycare or The Daniel Academy, please list their names and ages.

Please describe the father's background (education, occupation, skills, and passions).

Please describe the mother's background (education, occupation, skills, and passions).

If your family is blended, please describe the details of the arrangement and any custodial issues.

We agree that Little Daniels Preschool and Daniel Daycare are being operated under The Daniel Academy, which operates under the MO license exemption provision.

We have read, understood, and agree to The Daniel Academy's Daniel Daycare policies and affirm that all statements made in this application are true and accurate to the best of our ability to discern.

Signature and Date of Father/Guardian

Signature and Date of Mother/Guardian



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AUTHORIZATION AND REQUEST FOR BACKGROUND CHECK - one per each parent

In order for all our parents to be able to come and go in our school, we require this check on all parents and teachers.

I, _____, hereby authorize The Daniel Academy from time to time, as deemed appropriate, to request any law enforcement or any other agency chosen by The Daniel Academy specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or any criminal file maintained on me, whether local, state, or national, and including but not limited to accusations and convictions or crimes committed against minors, to the fullest extent permitted by local, state and federal law. I do release said law enforcement agencies and any other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant: _____ Date: _____

Print Full Name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____

Place of birth: _____

Social Security Number (required): _____

Driver's license number: _____

State issuing license: _____

License expiration date: _____

Current Address: _____

Previous Address: _____

Have you ever been convicted of a felony? If so, please give details and when it occurred.



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