



501 W. 4th St. Dell Rapids, SD 57022
605/428-4500 - Daycare
605/929-5436 – Tarah’s Cell

Date would like to admit: _____
Date enrollment terminated: _____
Copy of Immunization Records _____

Application for Admission to Next Generation Childcare, LLC

Child’s First Name	Last Name	Middle Name	Date of Birth
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Home Address	City	Mom & Dad Cell Phone #
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Email Address (Mom & Dad)

Household Information

Mother/Guardian Information

Name _____

Home Address _____

Place of employment or school info _____

Work/School Phone # _____

Father/Guardian Information

Name _____

Home Address _____

Place of employment or school info _____

Work/School Phone # _____

Parents Marital Status

____ Married ____ Never Married ____ Separated ____ Divorced

Who has legal custody of this child? _____

Are there any special visitation order I should be aware of?

Is there currently a protection or restraining order in effect concerning this child?

____ Yes ____ No If yes, please explain:

(NOTE: A copy of the order must be on file with Next Generation Childcare, LLC)

Other Household Members

Relationship to Child

_____	_____
_____	_____
_____	_____
_____	_____

Emergency Contact (other than parents/guardian)

Name	Relationship	Phone
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Name	Relationship	Phone
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People Authorized to Pickup Child (other than parents/guardian)

Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Name	Address	Phone
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Child Information

Physician Name	Clinic	Phone
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Allergies _____

Any Current Medications? _____

Any Special Dietary Needs? _____

Previous Illness _____

Feeding Schedule _____

Nap/Rest Schedule _____

Previous Child Care Placement _____

Please list any other information you would like to share about your child (likes/dislikes, special interests, fears, behaviors, special needs, etc.)

Weekly Schedule: M_____ T_____ W_____ Th_____ Fr_____

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Emergency Medical Care Authorization

I/We hereby give permission for emergency medical treatment for _____
If requested by Next Generation Childcare, LLC or Tarah Burggraff, who is our child
care provider.

Please note that my child is allergic to the following medications: _____

My child has the following medical condition: _____

I/We attest that the information listed on this application is as accurate and complete as
possible.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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Transportation

I/we, _____ give Next Generation Childcare, LLC
permission to transport _____.

Next Generation Childcare, LLC will use proper vehicle restraints required by South
Dakota law.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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Handbook Agreement Form

I/we, _____ have fully read and understand all terms and conditions of the Next Generation Childcare, LLC handbook and agree to these terms and conditions within. By signing below, we do agree that payment will be received every Friday by 6:00 PM or we will pay the late fee stated in the handbook.

Both parents/signatures required.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date