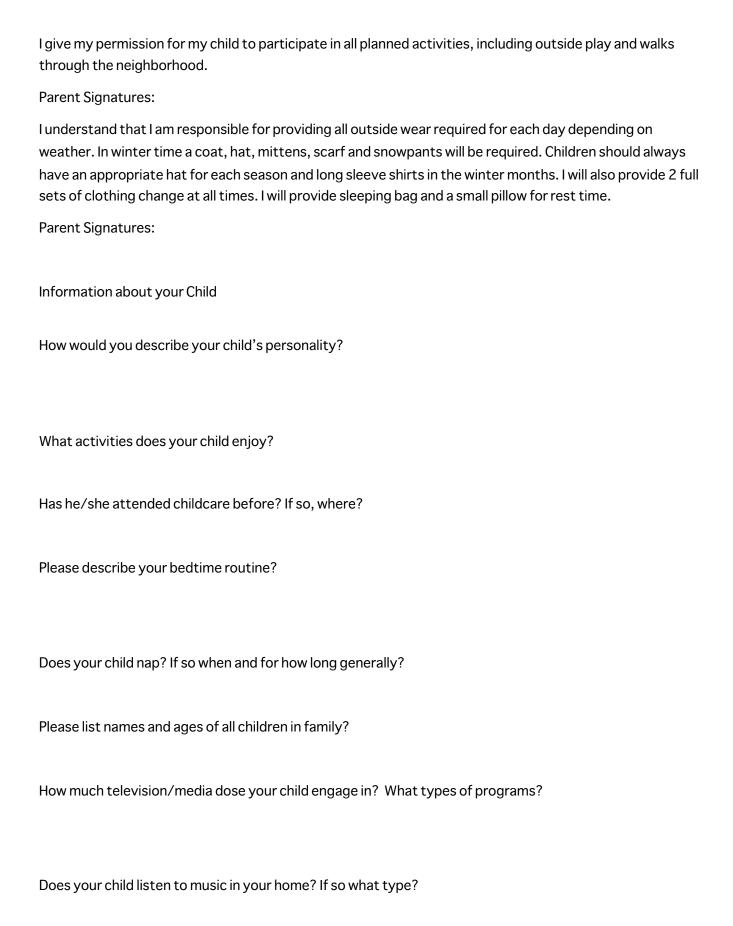
Childcare Application

Tracy Mangold 545 Hillcrest St. Viroqua, WI

Parent Signatures:

608-638-2014 or 618-363 -7896 Child's Name: Boy Girl Date of Birth: Mother's Name and Address Mother's Occupation and hours of work: Home Phone: **Business Phone:** Father's Name and Address: Father's Occupation and hours of work: Home Phone: **Business Phone:** Person who may be called to pick up your child if you cannot be reached: Name: Phone#: Address: Who is your child's physician: Physician's Phone: MEDICAL CONSENT I give my permission for emergency medical treatment to be sought, if am unable to be reached first.



Please describe your child's diet? Are there any special nutritional needs?
Does your child have playmates?
Has your child had any accidents, childhood illnesses, injuries, allergies or surgeries?
Please describe your child's likes, dislikes or fears?
Has your child had any accidents, childhood illnesses, injuries, allergies or surgeries?
Please provide a biography of your child and any information that you would like me to know about your child. You may include a biography of the birth and milestones (crawling, walking, etc), family situation, special characteristics or behavioral and medical concerns.