



Jumping Monkeys Childcare  
 Located in The Hub  
 7 S 4th Street  
 Council Bluffs, IA 51503  
 712-256-6778

# APPLICATION FORM

Full name of child:		Name usually known by:	
Date of Birth:		Sex: <input type="checkbox"/> Boy <input type="checkbox"/> Girl	
Address:			
City/State:		Home Phone:	
<b>Mother's Details:</b>			
Mother's Name:			
Occupation:		Employer:	
Work Phone:		Mobile Phone:	
Email:			
Address (if different from child):			
City:		State:	Zipcode:
<b>Father's Details:</b>			
Father's Name:			
Occupation:		Employer:	
Work Phone:		Mobile Phone:	
Email:			
Address (if different from child):			
City:		State:	Zipcode:
<b>Who has parental responsibility?</b>			
Name:		Name:	
Are there any contact restrictions?			
Details:			
<b>Emergency Contacts:</b>			
Name:			
Phone Number:		Relationship to Child:	
Name:			
Phone Number:		Relationship to Child:	

**Childcare hours needed:**

Day	Morning	Afternoon	Full Day
Monday	From:      To:	From:      To:	From:      To:
Tuesday	From:      To:	From:      To:	From:      To:
Wednesday	From:      To:	From:      To:	From:      To:
Thursday	From:      To:	From:      To:	From:      To:
Friday	From:      To:	From:      To:	From:      To:

**Doctor's Details:**

Doctor's Name:

Address:

City/State:      Doctor's Phone Number:

Health Visitor's Name:      Health Visitor's Phone Number:

**Medical Details:**

Medical Details  
Does your child have any medical problems that we should be aware of? Please describe below.

Allergies  
Does your child have any allergies that we should be aware of? Please describe below.

Long Term Medication  
Is your child on any long term medication that we should be aware of? Please describe below.

Special Dietary Requirements  
Does your child have any dietary requirements? e.g. Vegetarian. Please describe below.