

**Ojibwa Community College**  
**Child Care Center**  
325 Superior Street  
Baraga MI 49908  
(906)353-8153 telephone  
(906)353-8185 fax

## **APPLICATION**

### **Applicant Information**

**Childs Name:**

**Childs Address:**

**Date of Birth:**

**Child's Age:**

**Social Security #:**

### **Medical Information**

**Please provide us with any information on your child's special needs (allergies, diets, disabilities or any other medical information) this information will be reviewed and updated every six months. Please notify us immediately of any changes.**

**Medical:**

**Allergies:**

**Physical limitations:**

**Medications:**

**A prescription for medication must be on file before we can give it to your child.**

**Doctor:**

**Telephone #:**

**Dentist:**

**Telephone #:**

<b>Parent/Guardians Name:</b>
<b>Relationship to the child:</b>
<b>Telephone #:</b>
<b>Cell Phone:</b>
<b>Address:</b>
<b>Are you enrolled in Ojibwa Community College?</b>
<b>Current Employer:</b>
<b>Work Phone#:</b>
<b>Parent/Guardians Name:</b>
<b>Relationship to the child:</b>
<b>Telephone #:</b>
<b>Cell Phone #:</b>
<b>Address:</b>
<b>Are you enrolled in Ojibwa Community College?</b>
<b>Current Employer:</b>
<b>Work Phone #:</b>
<b>Do you have a restraining order?</b>
<b>If yes, OCC Child Care Center MUST have a copy on file.</b>

**Emergency and Child Release Contacts**

**In the event of an emergency or a no show for pick up, we will first call Parents/Guardians. Then we will start calling the individuals listed. The Emergency and Child Release Contacts must be at least 18 years old and they must be able to provide a safe transport for your child. If no one can be reached Child Welfare Services will be notified.**

**\*Your child will not be released to anyone not listed on this form.**

**Name:**

**Relationship to Child:**

**Telephone#:**

**Cell Phone#:**

**Name:**

**Relationship to Child:**

**Telephone#:**

**Cell Phone #:**

**Name:**

**Relationship to Child:**

**Telephone#:**

**Cell Phone #:**

**Name:**

**Relationship to Child:**

**Telephone#:**

**Cell Phone #:**

**Name:**

**Relationship to Child:**

**Telephone#:**

**Cell Phone #:**