

MILPITAS DISCOVERYLAND APPLICATION & ROOM INFORMATION SHEET

Date: _____

Name of Child: _____
(Last) (First) (MI)

Birthday: _____ Age: _____

Address: _____
(Street) (City) (Zip Code)

Name of Father: _____ E-mail Address _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Name of Mother: _____ E-mail Address _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Place of Employment: _____

Marital Status: Married: _____ Divorced: _____ Single: _____

Father living at home with child: Yes: _____ No: _____

Mother living at home with child: Yes: _____ No: _____

SCHEDULE: Complete Year around: _____ School Year (9 months) _____

Hours: _____ a.m. to _____ a.m. or p.m.

IN EMERGENCY:

Are there any problems that we should know about in case of emergency treatment needed at the hospital. Such as being allergic to any drugs, etc.?

YES: _____ NO: _____

If yes please explain: _____

Other numbers to call in case of EMERGENCY:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency treatment at: _____

Are there any religious reasons for not accepting certain treatment at the hospital in case of emergency, or for not having the required immunizations?

YES: _____ NO: _____

If yes, please explain: _____

Unusual things noted: _____

Church Affiliation: _____

Parent's Signature: _____