

**Practicum Information/Application for the Early Childhood Development Center**

Full Name (include Middle Initial): \_\_\_\_\_

Campus/Local Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I am a:   freshman            sophomore            junior            senior

Information Needed to Conduct a Criminal History Check:

Date of Birth: \_\_\_\_\_            Sex: \_\_\_\_\_            Race: \_\_\_\_\_

Person to be contacted in the event of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please list any allergies/medical conditions we should be aware of:

I agree, and by my signature give consent, that in the case of an accident, injury, or illness of a serious nature, emergency medical services (e.g. paramedics) can be contacted.

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Primary Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Private health insurance & policy number: \_\_\_\_\_

In an emergency please list the local hospital or emergency medical care facility you wish to be transported to: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\*\*\*\*\*To be completed by ECDC\*\*\*\*\*

Activity Room: \_\_\_\_\_

Start Date: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_