

PARKVIEW ACADEMY OF EARLY LEARNING

Registration Form for Child Care

Date of Enrollment: _____ Start Date: _____

Name of Child: _____ Birthdate: ____/____/____ Sex: _____

Full name of Parent(s)/Guardian:

1. _____

2. _____

Address:

1. _____

2. _____

Telephone Numbers: HOME: 1. _____ WORK: 1. _____

2. _____ 2. _____

Place of work: 1. _____

2. _____

Care Card Number: _____

Family Doctor: _____ Phone Number: _____

Dentist: _____ Phone _____

PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT IN EMERGENCY: Name Telephone Number

1. _____

2. _____

3. _____

4. _____

Has your child had previous experience away from home? NO__ YES__ If YES, explain:

Do you think your child feels comfortable leaving parents? NO__ YES__ If YES, explain:

Special instructions concerning Care, Medication, Diet, or Custody: NO__ YES__ if yes, ATTACH DOCUMENTATION

HEALTH HISTORY

Has this child any known health problems or depressed immune system? NO__ YES__ - If Yes, attach documentation.

Any allergies? NO__ YES__ - If YES, list ALLERGENS: _____
Attach special instructions to follow in the event of an allergic reaction.

Please attach copy of Immunization Record

EMERGENCY CONSENT

I authorize the child care provider to obtain the following services for this child as necessary: Physician and/or Ambulance in the event of an emergency.

_____	_____	_____
Date	Signature of Parent/Guardian	Signature of Manager

PHOTOGRAPHS

I _____, give my permission for Parkview Academy of Early Learning, to take ongoing pictures of my child while in their care.

I understand that these pictures will not be used for profit, or exploitation in any way.

_____	_____	_____
Date	Signature of Parent/Guardian	Signature of Manager