



Child Registration Form

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence.

Today's Date: / / Date of Enrollment: / / Date of Discharge: / /

Child's Name _____ Date of Birth: / / Gender Male Female

Address: _____

City: _____ Zip Code: _____ Phone Number: () _____

Mother's Name: _____ Father's Name: _____ Marital Status: _____

Name of Legal Guardian: _____ Number of children in the family: _____ Child's position: _____

The Center must be able to reach a parent in the event of an emergency. Therefore, we must have a copy of the parent's schedule, address, and phone numbers. Keep the director informed of changes with the child's or your schedule.

Mother's Employer: _____ Work Phone Number: () _____

Address: _____ City: _____

Work Hours: -to- Days: Mon Tue Wen Thu Fri Cell Phone Number: () _____

Father's Employer: _____ Work Phone Number: () _____

Address: _____ City: _____

Work Hours: -to- Days: Mon Tue Wen Thu Fri Cell Phone Number: () _____

Times your child will be at the center:

Mon. from: to: Tue. from: to: Wed. from: to: Thu. from: to: Fri. from: to: _____

Name of people we may contact in cases of emergency (excluding parents):

ONE Name: _____ Relation: _____ Home Phone Number: () _____

Work Phone Number: () _____ Extension: _____ Cell Phone Number: () _____

Address: _____ City: _____

TWO Name: _____ Relation: _____ Home Phone Number: () _____

Work Phone Number: () _____ Extension: _____ Cell Phone Number: () _____

Address: _____ City: _____

THREE Name: _____ Relation: _____ Home Phone Number: () _____

Work Phone Number: () _____ Extension: _____ Cell Phone Number: () _____

Address: _____ City: _____

**Please Note: Your child will only be released to the parent/guardian unless prior written permission has been granted.
Who is authorized to pick up your child (other than legal guardian)?**

ONE	Name: _____	Relation: _____	Home Phone Number: (_____) _____
	Drivers Licence Number: _____		Cell Phone Number: (_____) _____
TWO	Name: _____	Relation: _____	Home Phone Number: (_____) _____
	Drivers Licence Number: _____		Cell Phone Number: (_____) _____
THREE	Name: _____	Relation: _____	Home Phone Number: (_____) _____
	Drivers Licence Number: _____		Cell Phone Number: (_____) _____

Child and Family Information

Has your child previously attended a day care center? YES NO

Name of Child Care Center: _____ City: _____

How long did your child attend: _____ Date Started: ____/____/____ Date Ended: ____/____/____

Reason for leaving _____

Personal History

Type of birth: Normal Premature

Any complications: _____

Is he /she a good climber? YES NO Does she/he fall easily: YES NO Age he/she began to talk: _____

Does your child speak in words? YES NO Sentences: YES NO Other language: YES NO

Special words to describe your child's needs: _____

Health

What arrangements will you make for your child's care during illness? _____

Which communicable disease has your child had? Measles Mumps Rubells Chicken Pox Whooping Cough

Has your child had any vision or hearing problems? YES NO if yes please specify: _____

Is your child prone to ear infections? YES NO if yes please specify: _____

Has your child had any serious illness or hospitalization? YES NO if yes please specify: _____

Does your child have any physical disabilities? YES NO if yes please specify: _____

Any known allergies (asthma, hay fever etc.) YES NO if yes please specify: _____

Are there any medications given regularly? YES NO if yes please specify: _____

Does your child have an IEP? YES NO

In your opinion, is there anything in your child's history that would keep him or her from being an active member of our program, if so, please explain:

