

4605 Howell Branch Road  
Winter Park, Florida 32792  
407-678-8010



## Family Registration

### Child Information

Registration Date: \_\_\_\_\_

#### 1st Child

Last Name		First Name		M.I.	Nickname	
Potty trained?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		Current age:	
			City:	State:		

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes? [ ]

Yes [ ] No

#### 2nd Child

Last Name		First Name		M.I.	Nickname	
Potty trained?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		Current age:	
			City:	State:		

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes? [ ]

Yes [ ] No

#### 3rd Child

Last Name		First Name		M.I.	Nickname	
Potty trained?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		Current age:	
			City:	State:		

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes? [ ]

Yes [ ] No

## Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
Occupation	Employer		Work Address		Work Hours
2nd Primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
Occupation	Employer		Work Address		Work Hours
Which Guardian Should be Called First?			Home Phone		Preferred language for written communication:
Home Resident Street Address			Apt #	City	Zip Code
Mailing Address (if different than above)			Apt #	City	Zip Code

## Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
2nd Non-primary Guardian					
Last Name		First Name		M.I.	Relationship to Child
Email Address			Work Phone		Cell Phone
Which Guardian Should be Called First?			Home Phone		Should mailings be sent to this household also? [ <input type="checkbox"/> Yes [ <input type="checkbox"/> No
Second Household Mailing Address			Apt #	City	State Zip Code

Additional Comments & Information: \_\_\_\_\_



## Emergency Contacts and Authorized Pickups

1st Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

  

2nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

  

3rd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

## Additional Comments and Information

Is there is any other information that that would be helpful to our management and teaching staff?

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## Signature

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date