



# Pre-Registration Child Enrollment Form

(Additional forms will need to be completed prior to first day)

**\$75 Registration Fee per child**

\_\_\_\_\_  
Entrance Date

\_\_\_\_\_  
Withdrawal Date

Child's Name \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Work Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Work Address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Number \_\_\_\_\_

Child's Living Arrangements:  Both Parents  Mother  Father  Other \_\_\_\_\_

Child's Legal Guardian(s)  Both Parents  Mother  Father  Other \_\_\_\_\_

The child may be released to the person(s) signing this agreement or to the following:

Name	Address	Phone	Relationship
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(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

Persons to contact in case of an emergency when parents cannot be reached:

Name	Telephone Number	Relationship to Child
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Name of public or private school child attends, if any: \_\_\_\_\_

Child's Physician or Clinic's Name (Child's Primary Health Source) \_\_\_\_\_

Physician/Clinic's Telephone Number: \_\_\_\_\_

My child has the following special need(s):    **(see below) circle one**            **NONE**            **YES**

\_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.    **(see below) circle one**            **NONE**            **YES**

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:    **(see below) ( circle one)**            **NONE**            **YES**

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_(Child's Name) suffer an injury or illness while in the care of Northside Prep Learning Center and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/we can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent(s) / Guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_