



CHILD REGISTRATION FORM

Name of child _____ Nickname _____
Date of Birth _____ Gender _____ Address _____
Name of Parent(s) or Guardian _____
Home address _____ Phone _____
Place Employed (mother) _____ Phone _____
Address _____
Place Employed (father) _____ Phone _____
Address _____
E-mail Mother: _____ E-mail Father: _____
Social Security Mother: _____ Social Security Father: _____
Name & location of childcare previously attended _____
If child attends school, provide school name and grade _____
How will child arrive at the center _____ arrival time _____ Departure _____
Allergies or intolerance to food, medication, etc, and action to take in an emergency _____
Chronic or recurrent diseases or illnesses or disabilities _____
I/we (Parents/guardians) will be responsible for payment of medical care expenses. _____
Medical Insurance Co. _____ Policy # _____
Child's physician or clinic _____ Phone _____
Address _____

**This form will accompany the child when taken to the doctor or treatment facility in case of emergency.

Emergency Information other than above family members

Contact #1: Name _____ Relationship _____ Telephone _____
Home address _____
Business Name & address _____
Telephone _____ Cell phone _____ Pager _____

Contact #2: Name _____ Relationship _____ Telephone _____
Home address _____
Business Name & address _____
Telephone _____ Cell phone _____ Pager _____

Contact #3: Name _____ Relationship _____ Telephone _____
Home address _____
Business Name & address _____
Telephone _____ Cell phone _____ Pager _____

Person(s) authorized to pick child up _____
Person Not authorized to pick child up ** _____

** Appropriate paper work such as divorce decree or custody agreement must be presented if an unauthorized person is a parent.

PARENTAL AGREEMENT

Requirement for Admission:

I will submit documentation of my child's immunization record prior to enrollment. A physical examination will also be completed by the time of enrollment or no later than 30 days thereafter. I will submit updates on physicals and immunizations in a timely manner.

WITHDRAWAL:

In case of the withdrawal of my child, I agree to give two weeks notification. If this notice is not given, I agree to pay the required tuition for this time period. Furthermore I agree to pay all collection and legal fees for nonpayment of service.

COMMUNICABLE DISEASES:

I/we agree to inform the center immediately upon my child's, or anyone in our household, contact of a communicable disease.

CONTRACT:

I/we have read the preceding information and understand all conditions as verified by my signature(s). I am also aware that I must read and sign the parent handbook and respect and support the policies agreed to.

Signed _____ Date _____
Children's Learning Paradise Staff _____ Date _____

Date Child Entered Care: _____ Date Left Care: _____

* If parents or guardian object to seeking emergency medical care, a statement from them should be given to Children's Learning Paradise that states their objection and the reason for their objection.

Office Use Only Identity Verification

Place of Birth	Birth date	Birth Certificate #	Date Issued
Other Proof			

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, midwife record), passport, copy of placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented.

* Once a year Children's Learning Paradise reserves the right to change our rights and policies.

How did you hear about us? _____

What made you choose us? _____

What is your preferred Social Media Facebook, Twitter, Instagram, other: _____