



Sandy's Kidz Learning Center

1810 Avenue F Bogalusa, LA 70427
(985) 735-8350

Admit Date: _____

REGISTRATION FORM

Child's Name: _____ Gender: _____ D.O.B. _____

	MOTHER'S INFO	FATHER'S INFO
Name:		
Address:		
Employer:		
Home Phone #:		
Work Phone #:		
Cell Phone #:		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist Phone #: _____

EMERGENCY CONTACT LIST

NAME	RELATIONSHIP TO CHILD	PHONE #

Form continues on next page...

REGISTRATION FORM (Continued)

PLEASE CIRCLE THE CORRECT RESPONSE:

- Does your child have any food allergies? YES NO
- Does your child have any other allergies? YES NO
- Does your child have any dietary restrictions? YES NO
- Does your child have any special needs or health concerns? YES NO

FOR ANY RESPONSE MARKED "YES" ABOVE, PLEASE EXPLAIN HERE:

My child has permission to be released to the following individuals, child care facilities or transportation service providers in addition to the emergency contact persons listed above:

(Please notify these individuals that they may be asked to show proof of identity)

FULL NAME	RELATIONSHIP TO CHILD	PHONE #

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

Parents Printed Name: _____