Rene's Arch Daycare Center
151 E. Roosevelt Blvd
Philadelphia, PA 19120
(267) 331-6113

Rene's Arch Daycare Center, LLC Registration Form

Date of Enrollment:_____

Name of Child:_____ Birthdate: __/__/__ Sex: M__ F__

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

Full name of Mother:_____

Full name of Father:_____

Mother's Address:_____
Home Phone:_____Work Phone:_____Cell Phone:_____
Place of work:_____ Hours:_____

Father's Address:_____
Home Phone:_____Work Phone:_____Cell Phone:_____
Place of work:_____ Hours:_____

Person(s) to contact incase of emergency/Authorized to pick up child:
1. Name:_____ 2. Name:_____
Relationship to child:_____ Relationship to child:_____
Home Phone:_____ Home Phone:_____
Work Phone:_____ Work Phone:_____

Other Person(s) Authorized to pick up child:
Name:_____ Phone:_____
Name:_____ Phone:_____
Name:_____ Phone:_____

Names of other children in family:
Name:_____ Birthdate: __/__/__
Name:_____ Birthdate: __/__/__
Name:_____ Birthdate: __/__/__

Has child had previous experience away from home? Yes ( ) No ( ) If yes explain:
_____
_____

Are your Child's immunizations up to date? Yes ( ) No ( )

If no please explain:_____

_____

Note: attach a copy of immunization record

Child's Health History

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Check (√) any of the following illnesses the child has had:

☐Asthma	☐Earaches	☐Mumps	☐Whooping Cough	☐Bronchitis
☐Eczema	☐Pneumonia	☐Polio	☐Chicken Pox	☐Frequent Colds
☐Croup	☐Convulsions	☐Measles	☐Influenza	☐Rheumatic Fever
☐Diphtheria	☐Tonsillitis	☐Tonsillitis	☐Other:_____	

Please list any injuries child has had:_____

_____

Does you child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:_____

_____

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

_____

_____

Do you have any concerns about your child's development? Yes ( ) No ( ) If yes please comment: _____

_____

Please comment on any other medical information/ or special need the child care provider should be aware of: _____

_____

_____

_____

I authorize the child care provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (ambulance fees and/or health care costs are the responsibility of the parent/guardian)

_____ _____

(Date) (Signature of parent/guardian)

_____ _____

(Signature of child care provider) (signature of parent/guardian)