

**Parent/Guardian Information**

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

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_  
Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_  
Work Address: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
[ ] Custodial Parent (If married, mark both parents) Mother's DOB: \_\_\_\_\_  
  
Email: \_\_\_\_\_  
Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_  
Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_  
Work Address: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
[ ] Custodial Parent (If married, mark both parents) Father's DOB: \_\_\_\_\_  
  
Email: \_\_\_\_\_  
Marital Status: [ ] Married [ ] Single [ ] Divorced [ ] Separated [ ] Widowed [ ] Other \_\_\_\_\_

**Child Information \* Please provide full addresses for the doctor and dentist\***

**1<sup>st</sup> Child** \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
\_\_\_\_\_ M.I. \_\_\_\_\_

Name child prefers to be called:

Child's Address:

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_  
Allergies:

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Dentists Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

May we post photographs on Facebook or on our website? ☐ Yes ☐ No

May we take photographs for display purposes? ☐ Yes ☐ No

Can we administer medication for your child? ☐ Yes ☐ No

Can your child take part in outings? ☐ Yes ☐ No

Can your child be observed for developmental progress? ☐ Yes ☐ No

## Child Information – Continued \* Please provide full addresses for the doctor and dentist\*

**2nd Child** \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

M.I. \_\_\_\_\_

Name child prefers to be called:

Child's Address:

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Dentists Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

May we take photographs for promotional purposes? ☐ Yes ☐ No

May we take photographs for display purposes? ☐ Yes ☐ No

Can we administer medication for you child? ☐ Yes ☐ No

Can your child take part in outings? ☐ Yes ☐ No

Can your child be observed for developmental progress? ☐ Yes ☐ No

**3rd Child** \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

M.I. \_\_\_\_\_

Name child prefers to be called:

Child's Address:

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

# **FAMILY REGISTRATION FORM** SHEET 3 OF 5

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Dentists Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

May we take photographs for promotional purposes? ☐ Yes ☐ No

May we take photographs for display purposes? ☐ Yes ☐ No

Can we administer medication for you child? ☐ Yes ☐ No

Can your child take part in outings? ☐ Yes ☐ No

Can your child be observed for developmental progress? ☐ Yes ☐ No

**4th Child** \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_  
\_\_\_\_\_ M.I. \_\_\_\_\_

Name child prefers to be called:

Child's Address:

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Dentists Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

May we take photographs for promotional purposes? ☐ Yes ☐ No

May we take photographs for display purposes? ☐ Yes ☐ No

Can we administer medication for you child? ☐ Yes ☐ No

Can your child take part in outings? ☐ Yes ☐ No

Can your child be observed for developmental progress? ☐ Yes ☐ No

**Emergency Contacts & Authorized Pickup Persons:**

**\*Two people, other than the parents, that live in separate households. Please provide full addresses\***

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

☐ Able to pick up all children in the family

☐ Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_ ☐ Weekly ☐

Bi-Weekly ☐ Other \_\_\_\_\_

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

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

\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Thank You!

Little Rascals Learning Center