REGISTRATION FORM

STUDENT INFORMATION

Birthdate: ____ Sex: M ____ F ____

Name of Child: ____
Last First Middle

Child's Address: ____
Street Apartment #

____
City State Zip

Starting date: ______________________ Fee: _________ Weekly Monthly (circle one)

GUARDIAN INFORMATION

Child lives with____

Mother:

Name:____

Address: ____

Home Phone__________________________________ Cell Phone__________________________

E-mail address: ____

Employer____

Work Phone____

Father:

Name:____

Address: ____

Home Phone _______________________________ Cell Phone____________________________

E-mail address: ____

Employer____

Work Phone____

Custody: Both________ Mother________ Father________ Other_____________________

PERSON(S) AUTHORIZED FOR PICK-UPS:

Child will be released only to the custodial parent, legal guardian, or the persons listed below.

Name: ____

Phone #: ______________________________

Name: ____

Phone #: _____________________________

Name: ____

Phone #: _____________________________

Is there a custody agreement? If yes, give information.

____

____

IN CASE OF EMERGENCY CONTACT:

**Name: ____

Address____

Phone _____________________________ Alternate Phone_________________________

Relationship: ____

**Name: ____

Address____

Phone _____________________________ Alternate Phone_________________________

Relationship: ____

**Name: ____

Address____

Phone _____________________________ Alternate Phone___________________________

Relationship: ____

EMERGENCY HEALTH INFORMATION

Doctor: ____

Phone #: _______________________

Medical InsuranceNo.: __________________________________

Dentist: ______________________________________

Phone #: ___________________

Dental Insurance No.: ___________________________________

IMMUNIZATION RECORD (list full dates)

DPT ______________ ___________________ _______________

Polio ______________ ___________________ _______________

MMR ______________

Hib-D (Meningitis) ______________

School Entry (DPT,P) ______________

SOCIAL INFORMATION

Names of siblings or others living at home:

Name _____________________________ Relationship________________ Age______

Name _____________________________ Relationship________________ Age______

Name _____________________________ Relationship________________ Age______

Name _____________________________ Relationship________________ Age______

Has the child attended daycare/pre-school previously? Y ______ N ______

Name of facility: ____

Where: ____

HEALTH/NUTRITION INFORMATION

Has this child ever been in the hospital or been seriously ill at home? Y ____ N ____

If yes, explain____

Has the child ever had a serious accident? Y ____ N ____ If yes, explain

____

When was the last time this child saw a doctor? ________________________

Whom? ____

Briefly, what was the reason?

____

Is this child on any daily medication? Y____ N ____ If yes, explain:

____

Is this child prone to any illnessess (ie. throat, ear, bladder,...) Y ____ N ____

List _______________________ How often ___________________

Treatment ____

____

Is this child toilet trained? Y ____ N ____ At what age? _____________

If this child is in the process of being toileted what words does the child use and explain the procedure (ie. position, routine,...) ____

____

Does this child nap? Y ____ N ____

If yes, explain (ie. time, length, where, routine...)____

____

Does this child sleep through the night? Y ____ N ____ If no, please explain

____

Explain your child's eating habits (ie. bottles, finger foods, solids, food dislikes, ...)

____

____

____

Does your child have any food allergies? Y ______ N ______

If yes, please describe each food individually and the child's allergic reactions and symptoms.

____

____

____

Does your child require any special diet or foods? Y ______ N ______

If yes, please describe in detail.____

____

____

Are there are any vision, hearing, speech or language problems, allergies, medication or health concerns? Please be specific and explain each below.

____

____

____

____

Signature of Parent/Guardian ____

Print Name ____ **Date** __________________