

School Year _____

Summer Fall Both

Registration Form

Child Name: _____ **Child's DOB:** _____
Last First Nickname

Is the child related to the primary caregiver? No Yes – Relationship: _____

Parents/Custodial Parents:

Mother's Name: _____

Father's Name: _____

Home Address: _____

Home Address: _____

City State Zip

City State Zip

Phone: _____

Phone: _____

Email: _____

Email: _____

Employment: _____

Employment: _____

Work Address: _____

Work Address: _____

City State Zip

City State Zip

Work Phone: _____ Work Hours: _____

Work Phone: _____ Work Hours: _____

Are Parents Divorced? _____ **If so, a court ordered parenting plan is required to be on file.**

Desired Schedule:

<u>Summer June - July</u>	<i>Please mark desired schedule</i>				
7:30 - 2:30 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
7:30 - 6:00 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

<u>Fall August - May</u>	<i>Please mark desired schedule</i>				
7:30 - 2:30 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
7:30 - 6:00 pm	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Transportation Plan:

Please list any other adults to whom your child may be released or are authorized to provide transportation for your child.

Name _____ Ph# _____ Relationship _____

Name _____ Ph# _____ Relationship _____

Name _____ Ph# _____ Relationship _____

Background Information:

Other Children in the Family	Date of Birth	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician Contact Information:

Name of Physician: _____ Phone: _____

Address: _____
City State Zip

Experiences with Others:

What are some of the ways the child plays at home? _____

Does he/she play with children from other families? _____ How? _____

Ongoing Medical Care:

Does the child have any medical diagnosis that requires ongoing care? _____

Parent Declarations:

I received a summary of the licensing requirements.

I do hereby authorize emergency medical care for my child (a limited power of attorney may be required for military dependents).

I visited the facility prior to enrolling my child. Pre-enrollment Visit Date: _____

I received a copy of the child care facility's policy statement or handbook, and payment contract, and I have signed their copy, verifying by receipt my understanding and agreement of their content.

Signature of Parent(s)/Guardian(s) Date

Date of Child's Withdrawal: _____ Reason for Withdrawal: _____

This form/information shall be maintained for one year after date of disenrollment.