



2018-2019 Family Registration Form

Registration Date: _____

Child Information

1st Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age on 8/1/18: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

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

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

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

2nd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age on 8/1/18: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

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

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

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

3rd Child

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age on 8/1/18: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

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

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

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

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Work Hours: _____ Cell Phone: () _____
 Custodial Parent (If married, mark both parents) Mother's SS#: _____
Email: _____ Driver's License #: _____
Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____
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: _____ Work Hours: _____ Cell Phone: () _____
 Custodial Parent (If married, mark both parents) Mother's SS#: _____
Email: _____ Driver's License #: _____
Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____
Marital Status: Married Single Divorced Separated Widowed Other _____

Emergency Contacts & Authorized Pickup Persons

1st Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____
Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 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 [] Monthly [] 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 is any other information that that would be helpful to our management and teaching staff?

Forms required for registration

The following forms will need to be completed and submitted before enrollment is finalized.

***NOTE- these forms must be filled out for each child**

- Immunization record- State Form 49445
- Parent's Notice- State Form 49444
- Emergency Medical Treatment Form
- Copy of Child's Last Physical (less than 1 yr old)
- Allergy Notification Form (if child has allergies)
- Allergy and Anaphylaxis Emergency Plan (if child has allergies)
- Copy of Birth Certificate or other legal proof of age
- Copy of any relevant Court Orders affecting enrolled child
- Signed copy of Payment Policies and Contract
- Signed Medication Administering Consent Form
- Signed Permission form for preventative products (sunscreen, lip ointment, insect repellent)
- Permission or Refusal of Photo Release
- Permission or Refusal of Video Taping Release
- Signed copy of Parent Handbook Receipt Form

Signature

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____