



REGISTRATION FORM

DATE \_\_\_\_\_

Child		Name Child is to be Called		Sex	Date of Birth
Street Address	City	State	Zip	Home Phone	
Church Membership/Religious Affiliation		Previous Child Care Programs and Schools Attended			
Other schools/programs child attends					Grade in School

PARENTS/GUARDIAN

Father	Place of Employment		Business Phone
e-mail address		Cell Phone	
Home Address (if different from above)		Home Phone	
Mother	Place of Employment		Business Phone
e-mail address		Cell Phone	
Home Address (if different from above)		Home Phone	
Person(s) Having Legal Custody of Child			
Home Address (if different from above)		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			

Allergies or Intolerance to Food, Medication, etc.
Action to be taken in case of allergic reaction

Child's Physician		Phone
Emergency Contacts (State Licensing Regulations require two contacts—we must have complete address)		
Name	Address	Phone
Name	Address	Phone
Person(s) Authorized to Pick Up Child		
Person(s) <u>NOT</u> Authorized to Pick Up Child		

### AGREEMENTS

1. The child care center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian agrees to notify the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health , except for life threatening diseases which must be reported immediately.
3. The parent/guardian authorizes the child care center to obtain immediate medical care if any emergency occurs when he cannot be located immediately.
4. The parent/guardian gives permission for the child to participate in field trips. Parents will be informed of field trips prior to the date of the trip.
5. The parent/guardian gives permission for the child to be included in school pictures and for the pictures to be used by the center.

### SIGNATURES

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Parents or Guardian

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Date

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Administrator of Center

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Date

Date Child Entered Care: \_\_\_\_\_

Date Left Care: \_\_\_\_\_

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### OFFICE USE ONLY

#### IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof	Date Documentation Viewed		Person Viewing Documentation