

Children's Academy Child Care and Preschool

Registration Form

Start Date:

Child's Full Name:	
Child's Nickname:	
Date of Birth:	Sex:
Child's Home Address:	
Child's Home Phone Number:	

Parent/Guardian Information		
Father's Name	Home Phone	
Father's Address	Cell Phone	
Father's Occupation & Place of Employment	Bus. Phone	
Mother's Name	Home Phone	
Mother's Address	Cell Phone	
Mothers Occupation & Place of Employment	Bus. Phone	

Family Information				
Please list any siblings				
Names	Brother	Sister	Age	Lives at home?

Please list any other family members living in the household and their relationship to the child

Pick Up (please list all persons authorized to pick up your child)				
Name	Relationship	Phone #	Cell #	Work#

Days of the Week Your Child Will Attend (check all that apply):	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	

Personal/Medical History

Has your child had a previous child care experience? (Yes - please explain)

Does your child have allergies? (If so, please list)

List any medications taken by your child on a regular basis.

Are there any medical issues the program staff need to be aware of? (If yes, please explain)

Are there any special food/eating instructions we should know about? (If yes, please explain)

What words does your child use for toileting? N/A (INFANT)

Does your child have bowel or bladder irregularities? (If yes, please explain)

Are there any special instructions we need regarding rest time?

What other information would you like to share regarding your child's communication skills, discipline, etc?

Is there anything else you would like us to know about your child?

Physician's Name, Address and Phone number:

Dentist's Name, Address, and Phone Number:

Preferred Hospital in case of an emergency:

Auth for Emergency Medical Treatment Signature:

Emergency Contacts - List 3

Signature: