



Entrance Date _____ Withdrawal Date _____

A Child's Place Preschool & Child Care Centers Registration Form

*****EVERY LINE MUST BE FILLED OUT, OTHERWISE REGISTRATION IS INCOMPLETE*****

Child's Information:

Name _____ Nickname _____
Sex _____ Birth date _____ Social Security # _____
Address _____ Home Phone # _____
Birth Certificate # _____
State/Date birth certificate issues _____ Date seen _____ By _____
Public/Private school attended by child _____
Address _____ Grade _____ Phone # _____
Child to be picked up for after-school care at _____
Other children in family (names and ages) _____

Parent/Guardian Information:

Martial Status: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____
Father's name: _____ Mother's name: _____
Address _____ Address _____
Home #: _____ Cell #: _____ Home #: _____ Cell #: _____
Employer _____ Employer _____
Work # _____ Work Hrs: _____ Work # _____ Work Hrs _____
E-mail: _____ E-mail: _____
Person(s) or Agency having legal custody _____
Person(s) NOT authorized to pick up child _____
Person(s) authorized to pick up child _____

Emergency Information:

Child's Physician: _____ Phone #: _____
Known allergies _____ Action to take _____

Below Please describe any chronic physical problems, pertinent developmental information, or special accommodations required by your child.

Local Emergency Contacts: (Other than parents listed above)

1. Name _____ 2. Name _____
Address _____ Address _____
Home #: _____ Home #: _____
Work #: _____ Cell# _____ Work #: _____ Cell # _____

Center/School previously attended _____
How did you hear about A Child's Place? _____
What was the most important factor in your choosing A Child's Place? _____

Father Signature _____ Mother Signature _____
Social Security # _____ Social Security # _____
Date _____ Date _____