



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 \_\_\_\_\_  
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:

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_  
Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_  
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 \_\_\_\_\_

FOR AND CHILDREN WITH ALLERGIES, WE MUST HAVE AN ALLERGY PLAN FROM YOUR PHYSICIAN WITH STEPS TO TAKE IF THERE IS A REACTION.  
\*\*On the back please describe any allergies, 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 \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date \_\_\_\_\_

Mother Signature \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date \_\_\_\_\_