

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_



# Registration Form

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

**Child's Information:**

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Other children in family (names and ages ) \_\_\_\_\_

**If school aged:**

Public/Private school attended by child \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian Information:**

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Parent Guardian 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 CHILDREN WITH ALLERGIES, WE MUST HAVE AN ACTION PLAN FROM YOUR PHYSICIAN WITH STEPS TO TAKE IF THERE IS A REACTION.

Does your child have any illness/medical condition or medical history we should know about (Ex.any type of seizures, asthma, etc.)? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have any physical problems, pertinent development information or special accommodations requested? \_\_\_\_\_

**Local Emergency Contacts:** (Other than parents listed above)

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell# \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell # \_\_\_\_\_ Relationship: \_\_\_\_\_

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? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_  
Social Security # \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Office Use Only: Birth Certificate #:** \_\_\_\_\_  
**State/Date Issued:** \_\_\_\_\_ **Date Seen:** \_\_\_\_\_ **Initials:** \_\_\_\_\_