

Today's Date: \_\_\_\_\_

APPROVED BY \_\_\_\_\_

Child's Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother's cell phone \_\_\_\_\_ Father's cell phone \_\_\_\_\_

Four-day 3-4 AM \_\_\_\_\_ Three-day 3-4 AM \_\_\_\_\_ Three-day 3-4 PM \_\_\_\_\_

Single Parent Household: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different from child) \_\_\_\_\_

Daycare Provider \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s) Place of Employment	Address	Work Telephone #
Mother _____	_____	_____
Father _____	_____	_____

Siblings	Date of Birth	School Attending
_____	_____	_____
_____	_____	_____

**HEALTH INFORMATION:**

- Does your child have any problems such as a speech, vision, hearing or orthopedic situation that might affect his/her participation in some areas of our Program?  
\_\_\_\_\_
- Is your child right or left handed? \_\_\_\_\_
- Is your child toilet trained? Yes \_\_\_\_\_ *Your child MUST be toilet trained in order to attend.*
- Any specific Health/ Behavioral Problems? \_\_\_\_\_
- Has your child had all his/her immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_
- Dr.'s Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
- Person to notify in case of emergency (in the event that the child's parents are not available):  
Name \_\_\_\_\_ Phone \_\_\_\_\_
- Person other than parents authorized to pick-up child? \_\_\_\_\_
- In case of emergency, if a parent or guardian cannot be reached, I give my permission to have my child taken to the nearest physician and I will assume financial responsibility for this.

SIGNATURE

RELATIONSHIP TO CHILD

A \$25.00 non-refundable registration fee is required to enroll your child. It guarantees your child's participation in the program and is used to purchase supplies.

Received \_\_\_\_\_ Child's Name \_\_\_\_\_