

Parent/Guardian Information

Registration Date: _____
Starting Date: _____
Form updated: _____

Parent #1 First Name: _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Email: _____ Occupation: _____

Parent #2 First Name: _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Email: _____ Occupation: _____

Custody Arrangements

Child's Information

First Name: _____ Last Name: _____

Name child prefers to be called: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

Members of child's household: _____

Special Celebrations: _____

Languages spoken in the home: _____

Does your child have any existing medical conditions? _____. If yes please explain below.

Weight at birth _____ Sat at _____ Walked at _____ Said first words at _____ Ate solid food at _____ Was toilet
trained at _____ Followed simple directions at _____ Used four to five word sentences at _____ Took turns at _____

Please outline guidance techniques used in the home:

Please describe your child's temperament (including things they love, fear and how they adjust to new
situations) _____

Does your child have any dietary restrictions? _____. If yes please explain below.

Allergies: _____

Doctors 's Name: _____ Phone: () _____

Please attach a copy of your child's immunization records. (If you have chosen not to immunize please attach a letter stating so.)

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Thank You!