



6/14 OFFICE USE ONLY
Start date _____
End date _____

CHILD REGISTRATION FORM

PLEASE PRINT CLEARLY. The information you provide on this form remains in effect throughout your child's enrollment until and unless a parent/guardian requests update.

CHILD

Full Name (First, Middle, Last)	Gender	Birthdate mm/dd/yy	Grade (if applicable)	School (if applicable)
---------------------------------	--------	--------------------	-----------------------	------------------------

MOTHER / GUARDIAN

Full Name (First, Middle, Last)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child resides with this person.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	*Child may be picked up by this person.*

Home address	City,	State	ZIP	Email address
--------------	-------	-------	-----	---------------

Cell phone (with area code)	Work phone (with area code)	Home/other phone (with area code)
-----------------------------	-----------------------------	-----------------------------------

Name of Employer or College/University	Work/School city				
Work/School Schedule (times)	Mon	Tue	Wed	Thu	Fri
	from _____ to _____	from _____ to _____	from _____ to _____	from _____ to _____	from _____ to _____

FATHER / GUARDIAN

Full Name (First, Middle, Last)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Child resides with this person.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	*Child may be picked up by this person.*

Home address	City,	State	ZIP	Email address
--------------	-------	-------	-----	---------------

Cell phone (with area code)	Work phone (with area code)	Home/other phone (with area code)
-----------------------------	-----------------------------	-----------------------------------

Name of Employer or College/University	Work/School city				
Work/School Schedule (times)	Mon	Tue	Wed	Thu	Fri
	from _____ to _____	from _____ to _____	from _____ to _____	from _____ to _____	from _____ to _____

ADDITIONAL INDIVIDUALS AUTHORIZED TO PICK UP: at least 1 ADDITIONAL adult—NOT PARENT/GUARDIAN

Emergency Contact Name (First and Last)	City	Phone (with area code)	Relationship to child
---	------	------------------------	-----------------------

Additional Pickup Name (First and Last)	City	Phone (with area code)	Relationship to child
---	------	------------------------	-----------------------

Additional Pickup Name (First and Last)	City	Phone (with area code)	Relationship to child
---	------	------------------------	-----------------------

CUSTODY / VISITATION ~~~All families must respond to this section~~~

Do you have a formal or informal agreement in place for custody and/or visitation arrangements?

YES NO NOT APPLICABLE (e.g., both parents/guardians live with child)

If yes, please explain: _____

***DOCUMENTATION IS REQUIRED TO PREVENT A PARENT/GUARDIAN FROM PICKING UP HIS/HER OWN CHILD.**

Child's Name: _____

Today's Date: _____

CHILD'S HEALTH CARE PROVIDERS

Physician Name _____ City _____ Phone (with area code) _____

Dentist Name _____ City _____ Phone (with area code) _____

CHILD'S GENERAL HEALTH

How does your child react to an elevated temperature? _____

YES NO **Is your child is prone to any of the following? (circle)**
 ear infections nose bleeds sore throat colds headaches upset stomach hay fever
 If yes, please explain: _____

YES NO **Has your child been hospitalized with a serious illness or undergone surgery? (circle)**
 ear tubes tonsil removal adenoid removal hernia repair other
 If yes, please explain with dates: _____

YES NO **Does your child currently have ear tubes? If yes, answer BOTH of the following questions:**
YES NO Will you provide ear protection (plugs or cover) for use during water play?
YES NO May CLC staff place cotton with Vaseline in your child's ear(s) during waterplay?

YES NO **Does your child have any special needs** (circle)?**
 physical behavioral speech hearing vision other
 If yes, please explain: _____

YES NO ****Does your child receive specialized services? (circle)**
 physical therapy occupational therapy speech therapy counseling other
 If yes, please explain: _____

YES NO ****Will your child need modifications to meet his/her special needs while in our care?**
 If yes, please explain: _____

YES NO ****Does your child receive regular treatment for a medical condition?** (circle)**
 asthma seizures diabetes ADD/ADHD other
 If yes, please explain: _____

YES NO ****Does your child have a life-threatening allergy (NOT intolerance)**? (circle)**
 food (see next question below) medication bee/wasp sting latex other
 If yes, please explain: _____

YES NO ****Does your child have dietary restrictions due to allergy/intolerance or religious observance**?**
 If yes, please explain: _____

YES NO ****Does your child receive medication for a medical condition?**
 If yes, please explain: _____

***Additional documentation may be required in some situations.*

Please provide any other necessary information regarding your child's health or requirements for care.

AUTHORIZATION & PERMISSIONS

I/We parent(s)/guardian(s) of _____ (PRINT child's first and last names), authorize Children's Learning Center ("CLC") staff to provide the following for my child:

- To request emergency medical and/or dental care from a licensed physician or dentist.
- To administer first aid, including application of antibiotic ointment, baking soda, calamine lotion, hand lotion, Desitin, A & D ointment, and Vaseline on my child's skin.
- To apply on my child's skin sunscreen that I have tested on my child prior to providing it to CLC for use whenever my child may be outdoors and at risk for sunburn.
- To take my child on field trips and walks off the premises.
- To transport my child using the CLC bus, the Growing Place bus, or other commercial vehicle provided for CLC's use.
- To exchange information with the principal and staff of my child's public school pertinent to my child's participation in school and school activities for purposes of coordinating services to my child.
- To release information regarding the care of my child to my emergency contacts and individuals I have authorized to pick up my child.
- To take photographs and video of my child for use at the CLC, in materials sent home, and for business purposes.



 Parent/guardian SIGNATURE

 Parent/guardian Name PRINTED


 Today's Date
FAMILY HANDBOOK RECEIPT


I/We, the parent(s)/guardian(s) of _____ (PRINT child's first and last names), have received the Children's Learning Center Family Handbook, which contains the following important information and covers other topics, including:

 Initial  _____ Current Fees (page 3)

 Initial  _____ Calendar of Closed Days (page 3)

 Initial  _____ Late Child Pickup Policy (page 4)

 Initial  _____ Guidance and Discipline Policy (pages 7-8)

 Initial  _____ Attendance and Arrival/Departure Policy (page 10)

The Children's Learning Center Family Handbook is reviewed and revised annually. **It is the responsibility of each parent/guardian to become familiar with the Handbook's contents, including any new policies and procedures.** Please direct any questions to the office. Thank you.



 Parent/guardian SIGNATURE

 Parent/guardian Name PRINTED

 Today's Date