

Parent/Guardian Information

Registration Date: _____

School Directory: Would you like your family to be included in our school directory? Yes No

Parent /Guardian 1 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Parent /Guardian 2 First Name: _____ M.I. ____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Child Information

First Name: _____ M.I. ____ Last Name: _____

Child's Address: _____

Gender: Male Female **Date of Birth:** __/__/__

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

MEDICAL HISTORY

Does your child have any allergies? _____ Is your child currently on any medication? _____

Are there any other health-related issues we should know about?

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the case of an extreme emergency, we will call 911 and your child will be treated on the spot and/or taken to the nearest hospital.

I hereby authorize Four Seasons Child Care Center and their representative to sign for emergency care for my child _____, while enrolled and utilizing our facilities. I understand that a conscientious effort will be made to locate me or my emergency designates. In the event this is not possible, I accept full responsibility for any expense incurred.

Parent's signature _____ Date: _____

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Photograph Release Consent

As a parent of a child/children at Four Seasons Child Care, I agree to the following:

- * I understand that my child may be photographed during normal daycare hours, field trips or activities .**
- * I understand that these photographs may be used in classroom projects, newsletters, advertising,**
- * I give permission for my child to be photographed for such purposes**

Child's Name _____

_____ I AGREE TO HAVE MY CHILD PHOTOGRAPHED

_____ I DO NOT WANT MY CHILD PHOTOGRAPHED