

Early Learning Center Registration Packet

Child's Information Form

(Please fill out in black or blue ink.)

Child's Name: _____ Birthdate: _____ Female/Male

Address: _____

Person(s) with whom the child lives: _____

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Was your child born before 37 weeks gestation? Yes No

Does your child receive any of the following? :

Speech therapy Yes No

Occupational therapy Yes No

Physical therapy Yes No

Other (tutoring, etc.) Yes No

Does your child have any special needs or health concerns? Yes No

Please explain any "yes" answer here and provide doctor and/or therapist note for office.

Former child care/school attended, if any _____

EMERGENCY CONTACT CARD

Child's Name: _____

Mother's Name _____

Mother's E-Mail _____

Place of Employment/Title: _____

Mother's Business Phone: _____ Cell: _____

Father's Name _____

Father's E-mail _____

Place of Employment/Title: _____

Father's Business Phone _____ Cell: _____

Emergency Contacts (*other than parents*):

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

EMERGENCY PERMISSION CARD

Child's Physician: _____
Name Telephone #

Child's Dentist: _____
Name Telephone #

In case of an emergency, I authorize the Early Learning Center to secure emergency medical treatment for my child.

Parent Signature: _____ **Date:** _____

CHILD RELEASE FORM

The personnel at The Early Learning Center have my permission to release my child to the following individuals:

(MUST BE AT LEAST 18 YEARS OF AGE AND HAVE A PHOTO ID)

(Please provide a phone number if individual is not an emergency contact.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's Name: _____

Parent's signature: _____ Date: _____

(Please notify these individuals that they may be asked to show proof of identity)

Photo Release Permission

_____ YES, I grant permission to use photos of my child on the Early Learning Center website, bulletin boards, brochures and/or newsletters.

_____ NO, do not take or use any photos of my child.

Parent's Signature: _____

Date: _____

Video Awareness

I am aware that the Early Learning Center utilizes recordings and/or taping of my child such as digital recordings, audio recordings, while in the center for observation/security purposes.

Parent's Signature: _____

Date: _____

Water Activities Permission

My child _____ has permission to participate in following water play:

- Water table play
- Sprinkler play

Parent's Signature: _____

Date: _____