



Child Development Center

Registration Form	
Registration Fee	
<input type="checkbox"/> Single Child: \$50	<input type="checkbox"/> Multi-Child/Family: \$80
Program	
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers
<input type="checkbox"/> Twos	<input type="checkbox"/> Threes
<input type="checkbox"/> Pre-K	<input type="checkbox"/> Kindergarten
<input type="checkbox"/> Before School	<input type="checkbox"/> After School
<input type="checkbox"/> Before & After School	<input type="checkbox"/> Summer Only
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time: M/W/F T/Th

Child Information

Last Name	First Name	Nickname	<input type="checkbox"/> Male	<input type="checkbox"/> Female
			Birthdate:	
Name of Elementary School:			Grade:	

Address Information			
Street	City	State	Zip

Mother's Information	
Name:	SSN:
Occupation:	Phone#:
Employer:	Business Phone#:
Email Address:	Cell / Pager#:

Father's Information	
Name:	SSN:
Occupation:	Phone#:
Employer:	Business Phone#:
Email Address:	Cell / Pager#:

Child's Custody Status	
Person(s) Authorized to Pick-Up Child:	<input type="checkbox"/> Mother (Papers on File) <input type="checkbox"/> Father (Papers on File)
	<input type="checkbox"/> Other (<i>Please Specify</i> - Papers on File)
Person(s) NOT Authorized to Pick-Up Child:	

Emergency Contact Information	
Name:	Work Phone#:
Child's Relationship:	Home Phone#:
Address:	

Emergency Contact Information			
Name:		Work Phone#:	
Child's Relationship:		Home Phone#:	
Address:			
Name:		Work Phone#:	
Child's Relationship:		Home Phone#:	
Address:			
Child's Physician:		Phone#:	

Allergy and Food Intolerance Information
Please list any allergies or intolerances to food, medication, or other substances. Also, please provide any emergency actions in the event of an incident.

Physical and Health Information
Please list any chronic physical problems, health issues, and pertinent development information.

Name of Previous center Attended (if any): _____
Length of Stay: _____ Reason for Leaving: _____

The parent/guardian gives authorization for the child to participate in the Center's transportation and field trips.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Initials: _____
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Promise Care Child Development Center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up within the hour.	Parent/Guardian Initials: _____
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The parent/guardian authorizes Promise Care Child Development Center to obtain immediate medical care if any emergency occurs when she/she cannot be located immediately.	Parent/Guardian Initials: _____
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Mother's Signature: _____	Date: _____
Father's Signature: _____	Date: _____
Director's Signature: _____	Date: _____
Date Child Entered P.C. C.D.C. Care: _____	Program: _____
Date Child Withdrew from Care: _____	Reason: _____