Children's Academy

REGISTRATION
Fall 2015-2016

Please fill out the front/back of this form and return to the office as soon as possible to reserve placement.
A one-time registration fee is required for each child attending the center. Thank You.

Child's Name:		**Sex**	**Age**	**Date of Birth**
Mother's Name	**Home Address**	**Home Phone**		
Place of Employment/Occupation	**Work Address**	**Work Phone:**		
		Cell Phone		
Email:		**Other phone (please specify)**		
Father's Name:	**Home Address**	**Home Phone**		
Place of Employment/Occupation	**Work Address**	**Work Phone**		
		Cell Phone		
Email:		**Other phone (please specify)**		
Marital Status (circle below if changed) married separated divorced widowed single	**Child lives with**	**Siblings (ages)**		

Please circle the program(s) you would like to enroll your child:

Infants **Toddlers** **Mini/Young Twos** **Older Twos** **Threes** **Fours** **Kindergarten**

Schoolage School: Grade: (During summer, enter grade in upcoming school year)

Please check all that apply:					
☐	Full Time Schedule	☐	Part Time Schedule	☐	Occasional (must call ahead)
☐	Summer Only	☐	Full Year	☐	Transportation needed

Other than parents, who is authorized to pick up your child from Children's Academy?		
Name	**Relationship:**	**Phone**
Name:	**Relationship:**	**Phone**
Name:	**Relationship**	**Phone:**

UPDATED HEALTH/DEVELOPMENTAL INFORMATION

Does your child have evidence of any of the following? If so, please explain in the space provided.					
☐	Allergies	☐	Hearing Difficulties	☐	Asthma
☐	Convulsions	☐	Frequent Ear Infections	☐	Other Medical Problems
Explanation/comments:					
Is there any new information which might further contribute to a better understanding of your child and his/her needs? (e.g., different sleep patterns, recent developmental changes, plans to move, birth of a new sibling, etc.)					

CURRENT MEDICAL INFORMATION

Child's Physician:	Phone
Child's Dentist:	Phone
Insurance Carrier	Phone
Policy/Group Number:	

If parents cannot be reached, who is authorized to transport your child(ren) in case of emergency?		
Name:	**Relationship**	**Phone**
Name	**Relationship**	**Phone**
Name	**Relationship**	**Phone:**

I hereby give permission for the staff of Children's Academy to administer first aid to my child(ren) and certify that the information on this form is accurate and complete.	
Parent/Guardian Name (please print):	
Date:	Parent/Guardian Signature:

Office Use Only	**Original Enrollment Date**	**Original Start Date**