

Please fill out the front and 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

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

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

PLEASE TURN OVER ⇨

UPDATED HEALTH/DEVELOPMENTAL INFORMATION

Does your child have evidence of any of the following? If so, please explain in the space provided.		
<input type="checkbox"/>	Allergies	<input type="checkbox"/>
<input type="checkbox"/>	Hearing Difficulties	<input type="checkbox"/>
<input type="checkbox"/>	Asthma	<input type="checkbox"/>
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>
<input type="checkbox"/>	Frequent Ear Infections	<input type="checkbox"/>
<input type="checkbox"/>	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

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
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