



FAMILY REGISTRATION FORM

SEPTEMBER 2020

Child Information

Registration Date: _____ **Start Date:** _____

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

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's SSN: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Mother's DOB: _____ Cell Phone: () _____ Service Provider: _____

Employed By: _____ Office Phone: () _____

Work Address: _____

Custodial Parent (If married, mark both parents) Mother's SSN: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Father's DOB: _____ Phone Number: ()- _____ Service provider: _____

Employed By: _____ Office Phone: () _____

Work Address: _____

Custodial Parent (If married, mark both parents) Father's SSN: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Relationship to the Child: _____ DL # _____

2nd Contact/Pick Up Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Relationship to the Child: _____ DL # _____

3rd Contact/Pick Up Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Relationship to the Child: _____ DL # _____

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other_____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

DAYS AND TIMES IN CARE:

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Transportation:

I give consent for my child to be transported and supervised by the operation's employees:
 for emergency care on field trips to and from home to and from school

Field Trips:

I give consent for my child to participate in field trips.
 I **DO NOT** give consent for my child to participate in field trips.

Water Activities:

I give consent for my child to participate in the following water activities:
 water table play sprinkler play splashing/wading pools swimming pools aquatic playgrounds

Photographs:

- May we take and maintain a photo of your child for security purposes? Yes No
- May we take and maintain a photo of your child for classroom activities? Yes No
 - May we take and maintain a photo of your child for promotional materials? Yes No



FAMILY REGISTRATION FORM

SEPTEMBER 2020

Topical Application Authorization:

I hereby give KIDS Humpty Dumpty Academy and the applicable faculty member the authority to apply one or all of the following items that has be provided by me to my child:

Diaper Ointment: Yes No N/A **Sunscreen:** Yes No N/A

Bug Repellent: Yes No N/A

Meals:

I understand that the following meals will be served to my child while in care:

None Breakfast Lunch Afternoon snack

Additional Information:

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan submitted on: _____

An emergency plan MUST be submitted for ALL Medically Diagnosed allergies before child may begin care.

School Age Children:

My child Attends the following School:

Name of School:	School Phone Number:
My child has permission to (check all that apply): ride the bus to the Center	

Has Your Child Ever Been Enrolled In Any Other Child Care Facilities?

Yes No

If Yes, Location: _____ Dates Enrolled: _____

Location: _____ Dates Enrolled: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Thank You!

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission.

Please check only one option:

1. HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional's Signature:

Date Signed:

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the childcare operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:

Date Signed:

VISION EXAM RESULTS

R 20/

L 20/

Pass

Fail

Signature:

Date Signed:

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass	Fail
Right				Pass	Fail
Left				Pass	Fail

Signature:

Date Signed: