



REGISTRATION FORM

Please attach a current immunization form

IMPORTANT NOTE: Your child's best interest and/or health could be at risk! The information that you provide is used to aid us in providing your child the best care possible. Please take the time to fill out this form completely.

Child Information

Date form completed: _____

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

Preferred Nick-Name: _____ Gender: [] Male [] Female Date of Birth: _____

Child's Complete Physical Address: _____

*Primary Contact & Phone #: _____

(*In case of emergency who do you want me to call first?)

Check All That Apply:

Does your child have any know allergies or sensitivities to:

Table with columns: Medications, Foods, Other, No, Yes, If yes, please list.

Medical/Illnesses or Special Considerations:

Does your child have any of the following:

Table with columns: Diabetes, Visual Impairment, Seizures, Developmental Delays, Heart Problems, Physical Impairment, Hearing Impairment, Behavioral or Emotional, No, Yes.

Last Medical Exam: ____/____/____

Last Dental Exam: ____/____/____

Pediatrician's Name: _____ Phone: () _____

Clinic Complete Physical Address: _____

Dentist's Name: _____ Phone: () _____

Clinic Complete Physical Address: _____

Photographs: May we take and maintain appropriate photo's of your child? [] Yes [] No

Parent/Guardian Information – all information is required

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

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #: _____

Marital Status:[] Married [] Single [] Divorced [] Separated [] Widowed [] Other_____

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

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status:[] Married [] Single [] Divorced [] Separated [] Widowed [] Other_____

Emergency Contacts (other than parent/guardians listed on previous page) & Authorized Pickup Persons: all information is required.
NOTE: Contact will be required to show picture ID prior to taking your child.

1st Contact/Pick Up

Name: _____ Relationship to the Child: _____
Complete Physical Address: _____
Home Phone: (____) _____ Cell (____) _____ Other (____) _____

2nd Contact/Pick Up

Name: _____ Relationship to the Child: _____
Complete Physical Address: _____
Home Phone: (____) _____ Cell (____) _____ Other (____) _____

3rd Contact/Pick Up

Name: _____ Relationship to the Child: _____
Complete Physical Address: _____
Home Phone: (____) _____ Cell (____) _____ Other (____) _____

EMERGENCY Out of State Contact *required*

Name: _____ Relationship to the Child: _____
Complete Physical Address: _____
Home Phone: (____) _____ Cell (____) _____ Other (____) _____

Medical insurance Policy Information

Childs SSN: _____

Insurance Company Name: _____ Primary Insured Name: _____

Plan Name or coverage type: _____ Contract/policy #: _____

Transportation of Child

I hereby authorize Darcie's Learning Centers' providers and/or it's representatives to transport my child for the following (optional):

To and From School On Field Trips with advance written permission Other: _____

In Case of Emergency or serious illness, when parents cannot be reached immediately, I hereby authorize Darcie's Learning Centers' providers and/or it's representatives to use the above information to obtain medical care and/or provide emergency medical transportation for my child.

Parent/Guardian Signature: *(ALL responsible parents/guardians must sign)*

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Thank You for trusting me with your child!