

YWCA CHILD DEVELOPMENT CENTER

REGISTRATION FORM

TODAY'S DATE: _____

CHILD'S NAME: _____ D.O.B: _____

PARENT'S NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIPCODE: _____

IF YOU CANNOT BE REACHED, CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIPCODE: _____ PHONE #: _____

CHILD'S DOCTOR: _____ CLINIC'S NAME: _____ PHONE #: _____

CHILD'S DENTIST: _____ PHONE #: _____

IS YOUR CHILD ON ANY MEDICATION FOR AN ON-GOING ILLNESS? YES _____ NO _____

IN AN EMERGENCY THE ABOVE NAMED CHILDCARE CENTER HAS MY PERMISSION TO CALL AN AMBULANCE OR TO TAKE MY CHILD TO ANY AVAILABLE PHYSICIAN OR HOSPITAL AT MY EXPENSE: _____

(Parent's signature)

I DO NOT WISH MY CHILD TO RECEIVE EMERGENCY AND MEDICAL TREATMENTS: _____

(Parent's signature)

CHILDCARE HAS MY PERMISSION TO USE A TRIPLE-ANTIBIOTIC OINTMENT IF THERE IS AN INJURY WITH AN OPEN WOUND: _____

(Parent's signature)

STUDENTS WITH CHILDREN IN CHILDCARE CANNOT LEAVE THE BUILDING WITHOUT GIVING EMERGENCY PERMISSION.

MY CHILD MAY HAVE HIS/HER PICTURE TAKEN AND USE FOR PUBLICITY OR NEWS PURPOSES: YES ____ NO ____

(Parent's signature)

WHO IS AUTHORIZED TO PICK UP YOUR CHILD BESIDES YOURSELF?

NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE #: _____

NAME: _____ RELATIONSHIP TO CHILD: _____ PHONE #: _____

YOU MUST MAKE ARRANGEMENTS IN ADVANCE TO HAVE SOMEONE ELSE PICK UP YOUR CHILD.

GENERAL INFORMATION:

HAS YOUR CHILD BEEN IN A CHILDCARE CENTER BEFORE? YES _____ NO _____

HAS YOUR CHILD HAD: MEASLES ____ MUMPS ____ CHICKEN POX ____ WHOOPING COUGH ____ SCARLET FEVER ____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

(Signature of parent registering child)

(Date)