

A Child's Delight Learning Center

GENERAL REGISTRATION FORM

Child's name _____

Nick name _____

Age _____ Date of Birth _____

Parent's name(s) _____

Child's primary residence

(Street, City, Zip)

Mailing address if different

Home phone _____ Cell phone _____ Pager _____

Marital Status of Parents: Married _____ Divorced _____ Separated _____ SingleParent _____

Visitation arrangements that you want us aware of: _____

Father's occupation and place of employment _____ Phone _____

Mother's occupation and place of employment _____ Phone _____

Father's SS# _____ Mother's SS# _____

PICK-UP (ID required)

Emergency Person _____ Telephone _____ Relationship _____

Emergency Person _____ Telephone _____ Relationship _____

Names and phone numbers of people permitted to pick up your child from our Center -other than the emergency persons listed above. **(ID will be required)**

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Who does not have permission to pick up your child? Do you have a restraining order on any of the names provided?

Name _____ Relationship _____

Name _____ Relationship _____

Comments:

PERSONAL HISTORY

Does your child have any specific health problems that the staff should be aware of?
(I.e. vision or hearing loss, allergies, physical limitations, etc.)

List any specific fears, likes, or dislikes your child has that might help us to know him/her better:

Please list names and ages of other members of your family that your child relates to:

Has your child had any previous group experiences? (i.e. co-ops, Sunday school, child care):

Does your child take naps? _____ What is an average nap time? _____ Bed Time: _____

Does child have any bowel or bladder irregularities? _____
Describe _____

What words does your child use toileting?

Does your child have a good appetite? _____ If so which foods are a favorite?

Please describe anything else about your child or his/her background that might be helpful to the teacher:
i.e.: ways to comfort child, child's way of communication if speech is insufficiently developed, etc.

Briefly describe your child (physical appearance, personality, abilities, etc.)

PARENT SIGNATURE _____ DATE _____

Schedule

___ Infant Room ___ Toddler Room ___ Preschool ___ Kindergarten ___ Before and After

Child's schedule: Days _____ Time _____

Date child entered care _____ Date child left care _____

Office Use

Reg. paid _____ Cash _____ Check# _____ Date _____