**Child Information**

Name: ----------------------------------------------------------------------------------------------------------------------

Gender: [-----] Male [-----] Female Date of Birth: ------------------------------------------------------

**Parent/Guardian Information** Application Date: -----------------------------

 **Mother/Guardian**  Name: --------------------------------------------------------------------------------------------

Address: -------------------------------------------------------------------------------------------------------------------

Occupation: -------------------------------------------------------------------------- Home Phone: ( -------------------------- ) Employed By: ----------------------------------------------------------------------- Office Phone: ( ----------------------- ) Work Address:----------------------------------------------------------------------- Cell Phone: ( -------------------------- ) Email:---------------------------------------------------------------------------------------------------------------------------------

 **Father/Guardian**  Name: -------------------------------------------------------------------------------------------------------Address (if same as first guardian then leave blank): ---------------------------------------------------------------------------------------------Occupation: -------------------------------------------------------------------------- Home Phone: ( -----------------------) Employed By: ------------------------------------------------------------------------ Office Phone: ( ---------------------- ) Work Address: ------------------------------------------------------------------------ Cell Phone: ( ---------------------- ) Email: ---------------------------------------------------------------------------------------------------------------------------------

Siblings:

Name ------------------------------------------------------- age: --------- School they attend: ------------------------------

Name ------------------------------------------------------- age: --------- School they attend: ------------------------------

Name ------------------------------------------------------- age: --------- School they attend: ------------------------------

List any existing medical conditions, medication and/or special attention your child may require?

------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------Allergies:--------------------------------------------------------------------------------------------------------------------------------

Expected date to join the Nursery---------------------------------------------------------------------------------------------------

School expected to apply for : -----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Photographs: May we take and maintain a photo of your child for security and website publishing purposes?

[------- ] Yes [---------] No

**Emergency Contacts & Authorized Pickup Persons:**

 **1st Contact/Pick up** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2nd Contact/Pick up** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **3rd Contact/Pick up** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Comments & Information:**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature:**

Parent’s Signature: ------------------------------------------------ Date of Registration: -------------------------

**Thank You!**