

Old Fountain Academy of Preschool and Childcare Inc.,

Registration Form

Entrance Date: ____/____/____

Withdrawal Date: ____/____/____

CHILD'S INFORMATION

Child's Full Name: _____ Jr. / Sr. / III

Birth Date: ____/____/____ Age: ____ Sex: ____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Nickname: _____

Primary Language: _____ Height: _____

Weight: _____ Hair Color: _____ Eye Color: _____

EMERGENCY CONTACT INFORMATION

Primary Contact: Mother Father

Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Email Address: _____ Last 4 Digit SS#: _____

Secondary Contact: Mother Father

Full Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Email Address: _____ Last 4 Digit SS#: _____

Additional/Emergency Contact:

Mother Father Neighbor Friend Other (Specify)_____

Full Name: _____ **Home Phone:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Email Address: _____ Last 4 Digit SS#: _____

Additional/Emergency Contact:

Mother Father Neighbor Friend Other (Specify)_____

Full Name: _____ **Home Phone:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Email Address: _____ Last 4 Digit SS#: _____

Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

In the event of a medical emergency, every effort will be made to notify parents. If it is necessary, children will be transported to the nearest hospital by emergency vehicle. The center will continue to attempt to notify parents.

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

CHILD PICK-UP INFORMATION

Please list below the people who have ***Permission*** to pick up your child.

***Note:** Anyone picking up your child must have picture ID.

Children are not allowed to enter or leave the facility without being escorted by a parent, a person authorized by parent(s) or facility personnel. Under no circumstances will Old Fountain Academy of Preschool and Childcare Inc release a child to anyone not identified below or not otherwise known to faculty without specific authorization from parent or legal guardian. (A legal document must be provided by one parent if the child is not to be released to the other parent).

Name	Phone	Relationship	Last 4 Digit SS #

Please list those persons who ***Do Not Have Permission*** to pick up your child.
Please explain the reason below or talk to your caregiver so she is aware of the situation.

Name: _____ Phone: _____ Relationship: _____
Reason: _____

Name: _____ Phone: _____ Relationship: _____
Reason: _____

EMERGENCY INFORMATION

1. Child's Physician: _____ Phone: _____
2. Preferred Hospital: _____ Phone: _____
3. Child's Dentist: _____ Phone: _____
4. Primary Insurance Company: _____
5. Policy / Group #: _____ Name of Insured: _____
6. Secondary Insurance Company: _____
7. Policy #: / Group #: _____ Name of Insured: _____
8. Regular Medications: _____
9. Medicine allergic to: _____
10. Food Allergies (If none known please enter none known) _____
11. Any other Allergies: _____
12. Any special health conditions:

13. Parents are required to complete a Medication Authorization Form before any Medication is dispensed to your child.
14. Child suffers from: [] Headaches [] Earaches [] Sore Throat [] Stomach Aches [] Flu / Colds [] Other _____

OTHER IMPORTANT INFORMATION

Does Child go to school Yes No

Elementary School Attending: _____ Grade: _____

Does your child have any known allergies or other physical problems, mental health disorders, mental retardation or developmental disabilities which would limit the child's participation in the center's program and activities? Yes No If yes please describe:

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:

No medicine will be given including over the counter medication without prior written consent from your child's doctor. All medication must be in its original container stating the child's name, dosage, date, and physician name. Medication will be kept out of reach of children and refrigerated when required.

Person (s) responsible for payments: _____

I have received a copy of the following:

- (1) Policies and Procedures
- (2) Fee Schedule

I will complete and return the following before my child enrolls:

- (1) Medical Information & Authorization
- (2) Certificate of Health & Immunization Record
- (3) Transportation Agreement (If Applicable)

I hereby give permission and authorization to Old Fountain Academy of Preschool and Childcare Inc., to use still photographs and video tapes in which my child _____ may appear for purposes of advertising, employee training, and publicity. Initials _____

POLICY AND AGREEMENT

I have read and understand the above information and I agree to abide by the policies and procedures of Old Fountain Academy of Preschool and Childcare Inc.

Signature: _____
Parent/Legal Guardian

Date: _____

Accepted By: _____

Date: _____

Title: _____