



# Registration Form

<b>Office Use Only</b>
Entrance Date _____
<b><i>Non-refundable Registration Fee</i></b>
Paid _____

Date of Application \_\_\_\_\_  
 Desired Admission Date \_\_\_\_\_

Child's Legal Name \_\_\_\_\_  
 Name Child Goes By \_\_\_\_\_ Due Date \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_ Guardian(s) \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_ Home Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Email \_\_\_\_\_ Business Email \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Hours of Employment \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Other Children or Adults Living in Home \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

In the event of sickness or emergency, and the parent cannot be reached, contact the following:

1<sup>st</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

3<sup>rd</sup> Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

Names and Addresses of Person(s) Authorized to take Child from the center:

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

**Health Record**

Previous Illnesses (Give age on line beside the illness)

German Measles (Rubella) \_\_\_\_\_ Regular Measles \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Asthma \_\_\_\_\_

Hay Fever \_\_\_\_\_ Pneumonia \_\_\_\_\_

Rheumatic Fever \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

Other Illnesses \_\_\_\_\_

Accidents (describe) \_\_\_\_\_

Handicaps \_\_\_\_\_

**School Agreement**

I hereby apply for a place in the *Providence Presbyterian Child Development Center*

for \_\_\_\_\_. I have carefully read the *Providence Presbyterian Child Development Center* Policies statement and in consideration of the reservation of a place for the above named child, I agree to comply with conditions and regulations of the Center. I will give the center two weeks notice if I withdraw my child(ren).

\_\_\_\_\_  
*Guardian's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*PPCDC's Signature*

\_\_\_\_\_  
*Date*

**Field Trip Information**

My child, \_\_\_\_\_, has permission to go on all field trips with his/her class. I agree to hold the teachers and child care staff harmless from any and all claims which may arise from an accident(s) on the field trips.

\_\_\_\_\_  
*Guardian's Signature*

\_\_\_\_\_  
*Date*

**Church Information**

Church Affiliation: \_\_\_\_\_ Are you considering a new Church home?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Maybe \_\_\_\_\_

How did you find out about Providence Presbyterian Child Development Center?  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization to Obtain Emergency Medical Treatment**

I authorize Providence Presbyterian Child Development Center to obtain Medical

Treatment for my child \_\_\_\_\_ in the event of an emergency.

Two individuals designated by the parents/guardian to be contacted in an emergency and who have the authority to obtain emergency medical treatment for the child.

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
*Guardian's Signature*

\_\_\_\_\_  
*Date*

**Email Address to be Used for Newsletter**

Once your child has been accepted into the Child Development Center, we consider you a part of the Providence Presbyterian Church Family and send you a link to the monthly Church Newsletter if you have an Email address. Please list the Email Address(es) to which you would like the link sent. Please indicate if you would prefer a paper copy of the Newsletter mailed to you.

We do not have an email we would like to use. Please mail us a paper copy of the newsletter.