



REGISTRATION FORM

Date Completed Person Registering Child Relationship to Child
Child's Last Name First Sex Religion
Home Address Home Phone Birthdate
Parent/Guardian Name Home Address Zipcode
Home Phone Cell Phone Email
Drivers License # Social Security #
Employer Business Address Bus. Phone ext
Parent/Guardian Name Home Address Zipcode
Home Phone Cell Phone Email
Employer Business Address Bus. Phone ext
Drivers License # Social Security #

Is there a court order affecting the physical custody of this child? Yes No (If yes we must be provided with a certified copy of the court order.)

Authorized escort if other than guardian who may pick up or be called in an emergency: (Two required)

Name Address Relation Phone
Name Address Relation Phone
Name Address Relation Phone
Name Address Relation Phone

I agree to allow all my authorized escorts to receive confidential information pertaining to my child's day including but not limited to, incident/accident reports, and behavior issues.

Date Signature of Parent or Guardian

Table with columns: Required Shots (DPT, POLIO), Recorded with: Doctor (MMR, HIB), Health District (HEP B, HEP A), Military (PCV, VAR/CPOX). Rows 1-5 for tracking immunizations.

Please indicate reason if your child cannot receive a required immunization (documentation must be provided).

In the event of accident or illness to the child, I hereby authorize operation of this child care facility to secure any necessary medical aid and/or treatment from : Doctor or the Doctor who is on call or available or from the hospital/clinic or the nearest hospital or clinic. In the event I cannot be contacted immediately for notification or shall fail or refuse to remove the child affected with a communicable disease or other valid reason after notification of illness and request for removal of the child. I understand that the appropriate authorities may remove my child from the premises of this child care facility. Furthermore, I agree to be directly responsible for all costs and expenses connected with the examination, diagnosis, treatment and removal of this child.

Date: Signature of Parent or Guardian

Health Record of Child

Date Child had last Physical Exam Physician's Name

Give Date if child has had any of the following:

Chicken Pox Mumps Measles
Asthma Hay Fever Epilepsy
Diabetes Whooping Cough Rheumatic Fever

Is the child allergic to any foods or medications? Yes No

(If yes please specify allergies)

List any special needs or requirements your child may have.

Has the child ever been in licensed child care before? Yes No If so, where?

Date of Admission Date of discharge

**Family History Information**

Parent/Guardian Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_

Other persons living in the home and relationship, including siblings and their ages:

Have there been any recent changes in your child’s normal life situation such as a move, death, divorce, new baby? \_\_\_\_\_

Does the child sleep during the day? \_\_\_\_\_ Time? \_\_\_\_\_

Parent’s evaluation of child’s personality: \_\_\_\_\_

Is there anything else you would like us to know about your child or family background?

**Transportation Permit**

In the event that my child may need to be transported either by bus, private car, van or by foot, I understand that my child will be chaperoned by a responsible adult at all times while away from the school. Should any accident or illness occur while my child is away from the school on the aforementioned trip, I shall not hold responsible the child’s teacher, employees of Creative Kids Learning Center, nor any participating adult.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I have read, been given a copy of and agree to all policies of Creative Kids Learning Centers. I’ve also been given an opportunity to ask questions. These policies include, but are not limited to the following:

- \* General services to be offered including educational program and goals
- \* Requirements for admission and procedures for enrollment
- \* Fees and payment policies
- \* Policy defining discipline
- \* Transportation permit and policies
- \* That this is a non-smoking facility
- \* Use of Commercial Pesticides
- \* Posting of persons certified in CPR
- \* Parent Handbook
- \* Rules relating to personal belongings
- \* Parent’s right to observe and be involved
- \* Information regarding complaint procedures
- \* Posting of Snack Menu
- \* Use of chemical air fresheners
- \* Emergency Preparedness Plan

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

If you have any concerns regarding your child’s care in our facility, please bring it to the attention of the Director or if your concerns are not resolved, contact our corporate office at 871-0078. If you feel it is needed, the Bureau of Health Care Quality and Compliance Child Care Licensing Division is also available to you at 486-7918. I am aware that I have the right to request and view any complaints the facility has received for the month my child/children enrolled in and the previous twelve months.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

I discovered Creative Kids through: Website \_\_\_\_\_ Referred by Family or Friend \_\_\_\_\_  
Driving by \_\_\_\_\_ Community Event \_\_\_\_\_ Employer \_\_\_\_\_ Groupon \_\_\_\_\_

If you were referred, please tell us who recommended Creative Kids Learning Center to you:

**Permission to Release Information**

I understand that during the time my child is in care at this facility that the staff may be asked for information regarding my child. I hereby (circle one) **GIVE / DO NOT GIVE** permission to release information to official persons only from schools, health care personnel, welfare or other governmental officials. I understand that the BHCQ&C Child Care Licensing Division has access to my child’s record as the state licensing agent. My child’s picture may be used for Creative Kids promotional purposes.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_