

REGISTRATION APPLICATION FOR CHILDREN'S CORNER

OFFICE USE ONLY
ADMISSION DATE: _____
DISMISSAL DATE: _____

CHILD'S NAME _____ SEX _____ MALE _____ FEMALE _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE () _____ BIRTHPLACE _____ BIRTHDATE _____
FATHER'S NAME _____ MOTHER'S NAME _____
HOME ADDRESS _____ HOME ADDRESS _____
HOME PHONE _____ HOME PHONE _____
BIRTHDATE _____ BIRTHDATE _____
PLACE OF EMPLOYMENT _____ PLACE OF EMPLOYMENT _____
ADDRESS _____ ADDRESS _____
WORK PHONE _____ WORK PHONE _____
WORKING HOURS _____ WORKING HOURS _____
PARENTS MARITAL STATUS _____

STEP PARENT _____ WHO HAS LEGAL CUSTODY OF CHILD? _____
OTHER CHILDREN IN FAMILY: (Names & Ages) _____

DAYS PREFERRED _____ MORNING (8:30-11:00) _____
AFTERNOON (12:30-3:00) _____

TUITION AGREEMENT: I understand that tuition payments are due the first of each month. Monthly payments are equal regardless of holidays or days missed due to illness or any other reason. I understand that I may make arrangements ahead of time to make up only days missed due to illness with teacher. SIGNATURE _____

EMERGENCY CARE (Two persons, other than parents, to contact if parents cannot be reached)
NAME _____ ADDRESS _____ PHONE _____
NAME _____ ADDRESS _____ PHONE _____

WHO WILL PICK UP THE CHILD?
NAME _____ ADDRESS _____ PHONE _____

I UNDERSTAND THE CENTER IS NOT RESPONSIBLE FOR INJURY SUSTAINED THERE.
SIGNATURE _____

I HEREBY CONSENT TO HAVING MY CHILD PHOTOGRAPHED WHEN PERTINENT TO THE PROGRAM. SIGNATURE _____

IN CASE OF ILLNESS OR ACCIDENT, I HEREBY CONSENT TO THE CENTER PROVIDING EMERGENCY CARE FOR:
CHILD'S NAME _____ HOSPITAL PREFERRED _____
CHILD'S PHYSICIAN _____ ADDRESS _____ PHONE _____

FIRST AID CONSENT

The only first aid measures taken at the center are as follows:
Bump or bruise-- cold compress. Splinter-- tweezers. Cut or
scratch-- wash and bandage. Nose bleed-- cold compress.
If further care is needed, we will notify a parent.
SIGNATURE _____

FIELD TRIP AND EXCURSIONS

I hereby give consent to the Children's Corner to take my child on
walking or transporting trips to places of interest with the
understanding that such trips are under the supervision of
authorized personnel and that all possible precautions are taken to
insure the health and safety of my child.
SIGNATURE _____ DATE _____

CHILD HISTORY

CONDITIONS AT BIRTH _____
DOES CHILD TALK? _____

HISTORY OF ILLNESS

HIGH TEMPERATURES? _____ ALLERGIES? _____ FRACTURES? _____
OVERACTIVE? _____ UNDERACTIVE? _____
RIGHTHANDED OR LEFTHANDED? _____
IS CHILD ADOPTED? _____ ARE PARENTS DIVORCED OR SEPARATED? _____
IS EITHER PARENT DECEASED? _____ EITHER PARENT ABSENT FOR LONG TIME? _____
IS CHILD CARED FOR BY ANYONE OTHER THAN BY PARENTS? _____
HOW LONG HAVE YOU LIVED IN PRESENT NEIGHBORHOOD? _____
HOW DOES CHILD PLAY WITH OTHER CHILDREN? _____
DOES HE PLAY ALONE? _____
WHAT DOES CHILD ENJOY DOING MOST? _____
DOES CHILD ENJOY HELPING YOU? _____ HELPING HIMSELF? _____
HAS CHILD TRAVELED BY CAR? _____ TRAIN? _____ BUS? _____ BICYCLE? _____
WHEN YOU FIND IT NECESSARY TO DISCIPLINE YOUR CHILD WHAT DO YOU DO? _____
DOES YOUR CHILD GET ALONG WITH BROTHERS AND SISTERS? _____
DOES YOUR CHILD ACCEPT NEW PEOPLE EASILY? _____
DOES HE HAVE ANY SPECIAL FEARS? (e.g. SIRENS, DARKNESS, VACUUMS, ETC.?) _____
IS YOUR CHILD POTTY TRAINED? _____
HOW DOES CHILD STATE NEED FOR URINATION? _____
(What are actual words?) _____ BOWEL MOVEMENT? _____
HOW DEPENDABLE IS THE CHILD? _____

PLEASE LIST BELOW ANY FURTHER INFORMATION ABOUT YOUR CHILD OR FAMILY
WHICH YOU FEEL WILL BE HELPFUL TO US IN UNDERSTANDING YOUR CHILD'S
BEHAVIOR: (INCLUDE ANY ALLERGIES) _____

