_____
(Child's Legal Name)

CHILD REGISTRATION FORM
OUR NEIGHBORHOOD CHILD DEVELOPMENT CENTER

Nicknames	Due Date	Date of Birth	Sex
Address		Home Phone	
Pertinent Developmental Information			
Previous Programs and Schools Attended			
Other Programs Currently Attending		Grade	

PARENTS/GUARDIANS INFORMAITON

Parent 1	Place Employed	Business Phone
Home Address		Cell Phone
Parent 2	Place Employed	Business Phone
Home Address		Cell Phone
Email 1:	Email 2:	

Opt-In to Receiving Emails about Our Neighborhood Community Events and Parenting Classes (approximately monthly)	☐ Email 1 ☐ Email 2
Person(s) or Agency Having Legal Custody of Child ‹CANNOT BE BLANK›	Home Phone
Address (if applicable)	Business Phone

———————————— STOP HERE FOR WAITLIST ————————————

Other Children and Year of Birth:
Notes:

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to take in an Emergency		
Child's Physician:		Phone
Emergency Contact if Parents are Unavailable	Address	Phone
Second Contact if Parents are Unavailable	Address	Phone
Other Persons Authorized to Pick Up Child:		
Persons NOT Authorized to Pick Up Child *Paperwork Required:		

(over)

AGREEMENTS

1. Our Neighborhood Child Development Center agrees to notify the parents/guardians whenever the child becomes ill and the parents/guardians will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parents/guardians) **authorize the child day center to obtain immediate medical care** if any emergency occurs when the parents/guardians cannot be located immediately.
3. The parents/guardians agree to **inform the center within 24 hours** or the next business day after their child or any member of the immediate household has **developed a reportable communicable disease**, as defined by the State Board of Health. Life threatening diseases will be reported immediately.

SIGNATURES

_____   _____

Parent or Guardian   *Date*

_____   _____

Administrator of Center   *Date*

Date Child Began Care: _____ Date Care Terminated _____

CONSENT TO APPLY

I give my consent to apply topical ointments <u>I provide</u> for my child including but not limited to diaper cream, sunscreen, lotions, etc. We do not provide any topical ointments.

_____

Parent or Guardian

Special Instructions:

_____

_____   *Date*

Known Adverse Reaction and Action to Take if Reaction Occurs: _____

PHOTOGRAPHY CONSENT

During your child's time at Our Neighborhood we will take a number of photos throughout the day we use many outlets to share photos with parents and classroom families. We would like to include photos of your child in these publications. Additionally we like to use real photos for our promotional materials if you would not mind photos of your child on promotional material. <u>We do work to maintain the privacy of names and date of births on publications.</u>

Special Instructions:

_____

Private Class Website (Shutterfly), Private Publications (Classroom Documentation), «Required»

_____

Parent or Guardian Signature

Public Promotional and Education Materials (digital parent newsletter, educational presentations, printed brochures, public website, facebook)

_____

Parent or Guardian Signature

UPDATES
Please Sign
 and Date

OFFICE USE ONLY – IDENTITY VERIFICATION

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form		Date Verified	Signature of Person Verifying