



Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

### A Child's Place Personal & Child Care Centers Registration Form

**Child's Information:**

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 \_\_\_\_\_ Birth Certificate # \_\_\_\_\_  
 State/Date birth certificate issues \_\_\_\_\_ Date seen \_\_\_\_\_ By \_\_\_\_\_  
 Public/Private school attended by child \_\_\_\_\_  
 Address \_\_\_\_\_ Grade \_\_\_\_\_ Phone # \_\_\_\_\_  
 Child to be picked up for after-school care at \_\_\_\_\_  
 Other children in family (names and ages ) \_\_\_\_\_

**Parent/Guardian Information:**

Martial Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_  
 Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer \_\_\_\_\_  
 Work # \_\_\_\_\_ Work Hrs: \_\_\_\_\_ Work # \_\_\_\_\_ Work Hrs \_\_\_\_\_  
 Person(s) or Agency having legal custody \_\_\_\_\_  
 Person(s) NOT authorized to pick up child \_\_\_\_\_  
 Person(s) authorized to pick up child \_\_\_\_\_

**Emergency Information:**

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Known allergies \_\_\_\_\_ Action to take \_\_\_\_\_  
 \*\*Below Please describe any chronic physical problems, pertinent developmental information, or special accommodations required by your child.

**Local Emergency Contacts:** (Other than parents listed above)

1. Name _____	2. Name _____
Address _____	Address _____
_____	_____
Home #: _____	Home #: _____
Work #: _____ Cell# _____	Work #: _____ Cell # _____

Center/School previously attended \_\_\_\_\_  
 How did you hear about A Child's Place? \_\_\_\_\_  
 What was the most important factor in your choosing A Child's Place? \_\_\_\_\_

Father Signature _____	Mother Signature _____
Social Security # _____	Social Security # _____
Date _____	Date _____