

# Kaibab Early Learning Center CHILDCARE REGISTRATION

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Birth Date: \_\_\_\_\_ Date of Enrollment \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Mother's Full Name \_\_\_\_\_

Mother's Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Mothers Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_

## (Next Section Fill out only if applicable)

Parent/Guardian with legal custody: \_\_\_\_\_ Decree on file? Yes or No (circle)

Parents are: Married / Divorced / Separated / Widowed / Single

## Emergency Contact's and Persons Authorized to remove child from Center

### Primary Emergency Contact (other than parents/guardian):

Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Secondary Emergency Contact (other than parents/guardian):

Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Second Emergency contact address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Person(s) authorized to pick up my child (Besides parents/guardians or emergency contacts):

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

(With prior notice from parent/guardian and proper ID)

**Emergency Release**

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child, may be given emergency treatment by Kaibab Early Learning Center, I also give permission for my child to be transported by car or ambulance to an emergency center for treatment. *Parent/Guardian Initial:* \_\_\_\_\_

**Consent to Medical Care and Treatment**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician. *Parent/Guardian Initial:* \_\_\_\_\_

**Kaibab Early Learning Center will not be responsible for paying for the child's health care.**

1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

4. Regular Medications: \_\_\_\_\_

5. Blood Type: \_\_\_\_\_

6. Medicine allergic to: \_\_\_\_\_

7. Food Allergies: \_\_\_\_\_

8. Any other Allergies: \_\_\_\_\_

9. Any special health conditions: \_\_\_\_\_

**Signatures:**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Childcare Director: \_\_\_\_\_ Date: \_\_\_\_\_

**(I understand that this is a legally binding document, and have read it and understand it)**