

Kids Club Registration Form

(2 months through 3 years)

CHILD'S NAME: Birth date:		Today's Date:		
Age:	Birth date:			
Parent Nar	ne(s):			
HOME:	Physical address			
	,	(Street, City, State, Zip)		
	Mailing Address			
		(Street or PO Box, City, Stat	e, Zip)	
	Home phone #	· · · · · · · · · · · · · · · · · · ·		
	Email Address			
LOCAL:	Local address and room #			
	Local phone #			
<u>EMERGEN</u>	CY CONTACT (Local or long dis	· · · · · · · · · · · · · · · · · · ·		
	Name			
	Phone #	 		
	Physical Address			
	ın			
Family Dentist		Phone		
	below. Authorized persons must be overs license, passport) Name: Name: Name:		ith date of birtl	
I give my po	ermission for my child to:	(Please check one)		
I) go outside the Kids Club with a st		,		
	ave a staff member apply sunscreen:			
	aper cream and/or other ointments		No	
	your own, if not Kids Club will apply c	reams/sunscreens that are suitable fo	or children.	
reached, I h	illness or other serious medica nereby authorize the person in nearest emergency clinic.	.		
(Child's Soci	 ial Security#) (Par	rent Signature)	(Date)	

not required

Tell Us About Your Child

CHILD'S NAME:				
Are there an	er been in a daycare set ny special anxieties about da	aycare?	Yes	No
	kos to do:			
	kes to do: cation needs/preference			o fan cantain abiacta atala
	acion needs/preierence	s (sign language,	child's name	s for certain objects, etc.):
Nourishment pref	ference (check one): Brea	ast Fori	mula	Combination
	eats oz. per bottle o			
Warmed Up? Yes	No .			
Solid food? Yes _				
	nything except:			
He/she is ALLERGI	<u>C</u> to:			
	Environmental)			
` .	nese allergies is:			
	atment for these reaction			
Nap time is a very	important part of my	child's dav. Y	es No)
-	aps at	-		
= =	mes are still adjusting to M			
ricase note ii nap ti	mes are sum adjusting to 11	ountain Time 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
My child's favorite	security items are:			
=	rted by:			
				, etc.)
	114 1411 45100pt (1 oci		5001 / ,aoic	., στοιή
-	ent physical, mental, or ment, or special restrict			
List any illnesses y	our child has had in the	e past 24 hours	:	
(Please rea	d the exclusion policies	listed in the p	acket)	
Does your child ha	ave any of the following	7		
Asthma	Behavior Problem		Dial	petic
Epileptic	Hearing Impair			per/hypo-activity
	Motor Coordir			ial Impairment
Is your child taking	g any <u>MEDICATION</u> ?	Yes No		
·	tions, dosage and times give			
	administer all medication.			administer medication.
My child's potty tr	raining can best be desc	ribed as:		
	Needs to be reminded		ng N	I/A

Suggestions on how we might assist your child in this area: