



Registration Form

Office Use Only
Entrance Date _____
<i>Non-refundable Registration Fee</i>
Paid _____

Date of Application _____
 Desired Admission Date _____
 Child's Social Security Number _____

Child's Legal Name _____

Name Child Goes By _____ Due Date _____ Sex _____ Ethnicity _____
 Date of Birth _____

Address _____ Town _____ Zip _____

Marital Status of Parents: _____ Guardian(s) _____

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Home Email _____ Home Email _____

Driver's License # _____ Driver's License # _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Business Phone _____ Business Phone _____

Business Email _____ Business Email _____

Business Address _____ Business Address _____

Hours of Employment _____ Hours of Employment _____

Other Children or Adults Living in Home _____

Family Physician: _____ Phone _____

In the event of sickness or emergency, and the parent cannot be reached, contact the following:

1st Name _____ Relationship _____

Address _____ Phone(s) _____

2nd Name _____ Relationship _____

Address _____ Phone(s) _____

3rd Name _____ Relationship _____

Address _____ Phone(s) _____

Names and Addresses of Person(s) Authorized to take Child from the center:

Health Record

Previous Illnesses (Give age on line beside the illness)

German Measles (Rubella) _____ Regular Measles _____

Whooping Cough _____ Mumps _____

Chicken Pox _____ Asthma _____

Hay Fever _____ Pneumonia _____

Rheumatic Fever _____ Scarlet Fever _____

Other Illnesses _____

Accidents (describe) _____

Handicaps _____

School Agreement

I hereby apply for a place in the *Providence Presbyterian Child Development Center*

for _____. I have carefully read the *Providence Presbyterian Child Development Center* Policies statement and in consideration of the reservation of a place for the above named child, I agree to comply with conditions and regulations of the Center. I will give the center two weeks notice if I withdraw my child(ren).

Guardian's Signature

Date

PPCDC's Signature

Date

Field Trip Information

My child, _____, has permission to go on all field trips with his/her class. I agree to hold the teachers and child care staff harmless from any and all claims which may arise from an accident(s) on the field trips.

Guardian's Signature

Date

Church Information

Church Affiliation: _____ Are you considering a new Church home?
Yes _____ No _____ Maybe _____

How did you find out about Providence Presbyterian Child Development Center?

Authorization to Obtain Emergency Medical Treatment

I authorize Providence Presbyterian Child Development Center to obtain Medical

Treatment for my child _____ in the event of an emergency.

Two individuals designated by the parents/guardian to be contacted in an emergency and who have the authority to obtain emergency medical treatment for the child.

Name _____ Relation _____

Address _____ Telephone _____

Name _____ Relation _____

Address _____ Telephone _____

Guardian's Signature

Date