

Splash of Color Children's Center Association

Before and After School

Registration Form

NAME OF CHILD: _____
NICKNAME: _____
DATE OF BIRTH: _____
HOME ADDRESS: _____

HOME PHONE: _____ Cell: _____
MOTHER'S NAME: _____ WORK PHONE: _____
FATHER'S NAME: _____ WORK PHONE: _____

Person to be contacted in an emergency if neither parent can be reached:

NAME: _____ PHONE: _____
NAME: _____ PHONE: _____
NAME: _____ PHONE: _____

Age(s) of other children in the home: _____

Child's favorite play activities: _____

Food likes and dislikes: _____

Has your child attended daycare/preschool/after school program. _____

HEALTH INFORMATION:

FAMILY DOCTOR: _____ PHONE: _____

ADDRESS OF OFFICE: _____

CHILD'S HEALTH CARD # _____

Which communicable diseases has your child had (measles, mumps, etc..)?

Any known allergies? _____

Does your child have any disability or disorder? If yes please explain. _____

Is he/she on any medication? If yes, what? _____

Does your child have any medical concerns? If yes please explain. _____

Is your child up to date on all immunizations? _____

Authorization to Pickup

NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____
NAME: _____	RELATIONSHIP: _____

NOTE: I am willing for my child _____ to go on outside expeditions
with adequate adult supervision.
This would include being in the school area or up in the woodlot behind the school.

(Signature of parent/guardian)

NOTE: I am willing for my child _____ to have medical attention,
and be taken to hospital in the case of emergency, if I/we cannot be reached.

(Signature of parent/guardian)

Days you will need:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school					
After school					
Before & After					

