



**Medical Information:**

Child's Physician: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone \_\_\_\_\_

\*Does your child have any special medical requirements, allergies, or history?

\_\_\_\_ No

\_\_\_\_ Yes. Please Explain \_\_\_\_\_

\_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Phone \_\_\_\_\_

Do you want us to know anything else about your child?

\_\_\_\_\_

**Parent or Guardian Information:**

Child resides with: circle - Mother Father Both Other\*

Please attach additional information on other guardian

**Mother's Name** \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

City & Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email (Check  if primary for correspondence) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Hours \_\_\_\_\_

Occupation \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Home address (if different from above) \_\_\_\_\_

City & Zip Code \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email (Check  if primary for correspondence) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Hours \_\_\_\_\_

Occupation \_\_\_\_\_

**Persons Authorized to remove child from facilities:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency Contacts:** In case of an emergency, these people may remove my child from the facilities:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Are there any people NOT allowed to pick up your child:**

\_\_\_\_\_ No

\_\_\_\_\_ Yes

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

For Office Use:

Registration Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_

Date: \_\_\_\_\_