**Registration Form**

**2018-2019**

**The Following Information is Required and Must Be Complete – If Not Applicable, Please Write or Check *N/A***

|  |  |  |  |
| --- | --- | --- | --- |
| Child | Nickname N/A | Date of Birth | Gender |
| Address | City | State | Zip | Home Phone |
| Previous Child Day Care Programs and Schools AttendedN/A |
| If Child Attends this Center and Another School/Program, Give Name of School/ProgramN/A | GradeN/A |

**PARENT(S)/GUARDIAN(S)**

|  |  |  |
| --- | --- | --- |
| Father | Place of Employment | Business PhoneN/A |
| Email Address | Cell Phone Receive Text? Yes No | Home PhoneN/A |
| Mother | Place of Employment | Business PhoneN/A |
| Email Address | Cell Phone Receive Text? Yes No | Home PhoneN/A |
|  Mother or  Father Address, if different from child’s: N/A | City | State | Zip | Home PhoneN/A |
| Relationship Status of Parents:  |  Living Together AND  Married  Not Married  |
|  Not Living Together AND  Divorced  Legally Separated  Single  |
| If separated, who has Legal Custody of Child?N/A |
|  Names and Ages of Siblings:N/A |

**EMERGENCY INFORMATION**

|  |
| --- |
| Emergency contacts authorized to pick up child if parent/guardian cannot be reached: |
| Name Relationship to child1. | Address / City / State / Zip Code | Phone |
| 2. |  |  |
| Person(s) Authorized To Pick Up Child (*An authorized person must present positive identification before receiving your child)* |
| Person(s) LEGALLY NOT Authorized To Pick Up Child *(Legal documents must be provided to enforce)*N/A |

**Registration Form**

**2018-2019**

**EMERGENCY INFORMATION (cont’d.)**

Does your child have any chronic physical problems, pertinent developmental information, special accommodations, allergies to any food or medications, dietary restrictions, and specific actions to take in case of an emergency situation?

N/A

|  |  |
| --- | --- |
| Child’s Physician | Phone |

**AUTHORIZATION FOR MEDICAL CARE**

The parent(s)/guardian(s) authorize Great Bridge Children’s Center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be reached immediately. If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) that state the objection and the reason for the objection.

The information provided is true and complete to the best of my knowledge.

Mother/Guardian Signature Date Father/Guardian Signature Date

Director/Administrator Signature Date

****

**OFFICE USE ONLY**

****

**IDENTITY VERIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Certificate # | Birth Date | Place of Birth | Date Issued |
| Form of Proof:  Birth Certificate  Social Security Card  Adoption Records  PassportPublic School Records  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Document Reviewed | Person Viewing Documentation |

**CLASS ASSIGNMENT/RATE AGREEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enrollment Date | Entrance Date | Departure Date | Assigned Class | Days of Care**M T W TH F Varies** |
| Public School N/A Great Bridge Primary  Great Bridge Int.  GBMS Butts Rd Primary  Butts Rd Int.  Hickory Elem. Southeastern Elem.  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | School Age Transportation N/AVan / Bus #\_\_\_\_\_\_\_\_\_\_To From Both | School Age Care N/AKindergarten / Grades 1 - 6Before After Both |
| Weekly/Monthly Rate | Pay ScheduleWeekly / Bi-Weekly / Monthly | Registration Fee PaidYes / NoCash / Check | Teacher Informed of start date?YES / NO | Shot RecordYES / NO | PhysicalYES / NO |