



Registration Form

Please print clearly with blue or black ink.

Child's Full Name: _____ Birth Date: _____

Address: _____ Home Phone: (____) _____

City: _____ State: _____ Zip Code: _____

Nickname: _____ Social Security #: _____

Mother's Full Name: _____ Home Phone: (____) _____

Address: _____ Social Security #: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: (____) _____ ext. _____

Name of Employer: _____ Pager or Cellular Phone: (____) _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Father's Full Name: _____ Home Phone: (____) _____

Address: _____ Social Security #: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: (____) _____ ext. _____

Name of Employer: _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____ Driver's License # _____

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Emergency Contacts

(Within 20 mile radius of daycare other than parent or guardian)

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: _____ Comment _____

Kid Code: _____ (*Secret word between parent & child for identification and pick up*)

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: _____ Comment _____

Name of other school child attends: _____ Phone: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency first-aid treatment by a staff member at Smart Kidz University. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment, and agree to hold Smart Kidz University and its employees harmless. Please be advised Smart Kidz University and its staff DO NOT administer medication.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Smart Kidz University and its employees harmless.

Please be advised Smart Kidz University and its staff DO NOT administer medication.

Parent's Signature _____ Date: _____

Emergency Information

1. Child's Physician: _____ Phone: () _____

2. Preferred Hospital: _____ Phone: () _____

3. Insurance Company: _____ Policy #: _____

4. Regular Medications: _____

5. Blood Type: _____

6. Medicine allergic to: _____

7. Food Allergies: _____

8. Any other Allergies: _____

9. Any special health conditions: _____

Field Trip Permission

I hereby request that my child, _____, be permitted to participate in field trips, to the park, neighborhood walks or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility as well as to use private transportation to transport the children.

Parent's Signature: _____ Date: _____

Persons signing contract are responsible for payment:

Parent/Guardian (Mother) _____ Parent/Guardian (Father) _____

I understand this is a legally binding contract, and I have read it and understand it.