

Center: _____

Enrollment Date: _____

Start Date: _____



How did you hear about?

- Website Facebook
- Jax4kids JaxMomsBlog
- Personal Referral: _____
- Other: _____

Registration Form

Child Information

Name: _____ Date of Birth: _____

Address: _____

Gender: Male Female

Name Child Prefers: _____

Parent/Guardian Information

Mother/Guardian

Name: _____ Email: _____

Address: _____

Identification Form: Social Security # or Driver's license # _____

Cell Phone: () _____ Office Phone: () _____

Employed By: _____ Work Address: _____

Custodial Parent (If married, mark both parents) Door Code: _ _ _ _

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian

Name: _____ Email: _____

Address: _____

Identification Form: Social Security # or Driver's license # _____

Cell Phone: () _____ Office Phone: () _____

Employed By: _____ Work Address: _____

Custodial Parent (If married, mark both parents) Door Code: _ _ _ _

Marital Status: Married Single Divorced Separated Widowed Other _____

Emergency Contacts

Child may be released only to the custodial parent, legal guardian or persons listed below with picture identification. If the custodial parent or legal guardian cannot be reached the following persons will be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency.

Name: _____ Address: _____

Home #: _____ Cell # _____ Work # _____

Name: _____ Address: _____

Home #: _____ Cell # _____ Work # _____

Name: _____ Address: _____

Home #: _____ Cell # _____ Work # _____

Medical Treatment

As parent/legal guardian, I give consent to have my child receive first aid by Chappell Schools staff, and, if necessary, be transported to receive emergency care. In case of emergency, I _____, parent, or legal guardian of _____, do hold Chappell Schools harmless of any injury/illness. I understand that I am responsible for such treatment. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Please list any dietary needs, existing medical conditions, medication, and/or special attention your child may require?

Emergency Care Plan Instructions (If applicable): _____

Allergies: _____ Hospital Preference: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility (available online at www.chappellschools.com or printed upon request)
- Section 7.1 and 7.2, of the Child Care Facility Handbook, requires a physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment
- Section 7.3, of the Childcare Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Center," (CF/PI 175-24)
- Authorization for Medication Policy
- Parent Handbook (available online at www.chappellschools.com or printed upon request)
- Collection Disclaimer: As parent or legal guardian you are responsible for all charges made and/or pending during enrollment period and at the time of dismissal.
- The child care facility's food and nutrition policies that includes language on food safety and food allergens

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Parent Signature: _____ Date: _____



What Makes My Child Special

General Information

Name: _____ DOB: _____ Age: _____

Previously my child was cared for:

_____ In a home daycare setting _____ at another center: _____

_____ Home with me _____ by a relative, friend or neighbor

My child lives with: Mom & Dad Mom Dad Other: _____

Any siblings? Yes, No Name and ages: _____

I would say that her/his day was relatively structured / unstructured. (Circle one)

In new situations, my child tends to: _____

What is the primary language at home? _____ Is she/he potty trained? Y / N

Special Needs / Allergies

Sleeping

Special sleep items (doll, blanket, etc.) _____

Special hints to help at nap time: _____

Learning and Fun

Likes to do the following activities: _____

My child can't part with (i.e. toy, stuffed animal) _____

Others

Does your child have any other friends/acquaintances at this Center (Circle one) Yes / No

If yes, who are they? _____

I would describe my child as (shy, outgoing, a leader, strong willed, etc.) _____

Any other information that would help us best meet you and your child's needs?



Emergency Data

Child's Name: _____ Age: _____ Date of Birth: _____

Address: _____

Mother's/Guardian's Name: _____

Address: _____

Place of employment: _____ Email Address: _____

Contact Phone Numbers: Home: _____ Work: _____

Cell: _____ Other: _____

Father's/Guardian's Name: _____

Address: _____

Place of employment: _____ Email Address: _____

Contact Phone Numbers: Home: _____ Work: _____

Cell: _____ Other: _____

Emergency Contacts (When attempts to reach parents are unsuccessful and who may pick up child)

Other: _____ Relationship _____

Address: _____

Cell #: _____ Work #: _____ Home # _____

Other: _____ Relationship _____

Address: _____

Cell #: _____ Work #: _____ Home # _____

Other: _____ Relationship _____

Address: _____

Cell #: _____ Work #: _____ Home # _____

Current Medical Information

Child's Physician: _____ Phone #: _____

Special Needs /Allergies:

