



X. Child Care Registration Forms

Please print clearly with blue or black ink.

Child's Full Name: _____ Birth Date: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ Zip Code: _____
 Nickname: _____ Social Security #: _____

Please place the hours under the days child will attend the Center:

Monday	Tuesday	Wednesday	Thursday	Friday

Mother's Full Name: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Cellular Phone: _____
 Name of Employer: _____ Work Phone: _____ ext. _____
 Business Address: _____
 City: _____ Work Hours: _____
 Driver's License #/State of Issuance _____

Father's Full Name: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Cellular Phone: _____
 Name of Employer: _____ Work Phone: _____ ext. _____
 Business Address: _____
 City: _____ Work Hours: _____
 Driver's License #/State of Issuance _____



Parent/Guardian with legal custody _____

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

Other Household Members:

Name(s)	Age (s)	School Name /Number	Attend this program?	Relationship (s)

Emergency Contact Information

Primary Emergency Contact (other than self) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Primary Emergency Contact (other than self) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____



Medical Information

Primary Physician: _____ Phone: _____

Primary Physician Address: _____

Primary Dentist: _____ Phone: _____

Primary Dentist Address: _____

Preferred Hospital: _____ Phone: _____

Insurance Company: _____ Policy #: _____

List of Medication(s)/Purpose:

Does your child have any medical problems, chronic physical problems, pertinent developmental information, allergies, or intolerance to foods? Please explain.

Has your child had any previous experience with a child care center? If so, please list when and where, and how this experience was/if there were any problems:

What are your child's sleeping habits? (How many hours do they sleep at a time?)



What foods does your child like? Dislike?

What are your child's eating habits? (What times do they eat? What formula are they drinking?)

What are some of your child's favorite toys/games/activities/etc.?

How does your child express anger/frustration?

Does your child have any particular fears? (dogs, vacuums, sirens, etc.)

When your child is upset, what helps to comfort them?

How does your child typically communicate his/her needs?

Does your child wear diapers? If so, what kind: Disposable? Cloth? Pull-Ups? For naps?



If no, does your child use the toilet regularly? Please explain.

Families use a variety of words to describe bathroom activities. Indicate the words your family uses for:

Urine _____ bowel movement _____ genital area _____

How do you discipline your child?

Are there any special family situations that we should be made aware of?

What are your expectations of Olu's Beginnings?

Who referred you to Olu's Beginnings? (Commercial, Website, Newspaper, Friend etc.)

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



Name: _____
Relationship to Child: _____ Best Contact Number: _____

Name: _____
Relationship to Child: _____ Best Contact Number: _____

Name: _____
Relationship to Child: _____ Best Contact Number: _____

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 _____

Consent Form Releases

_____ pictures/videos to be taken of my child for the TV, news, newspaper, web page, art projects, classroom decorations, etc.

_____ to take my child on supervised walks throughout the neighborhood, to local parks/playgrounds, etc.

_____ to apply sunscreen/ or lotion to my child as needed.

_____ in case of an accident or injury, I authorize Olu's Beginnings to act in any and all emergency such as medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of my child. I am responsible for providing information on my child's special health needs (allergies, diet, disabilities, medical information, etc.) to Olu's Center, as may be necessary to assist the facility in properly caring for my child in case of an emergency.

Signature _____ Date: _____