

Pleasant View Child Care Center

Registration Form 2011-2012

Section I: Child's Information (Please Print)

Child's Name:			Name Child is called	Social Security Number	Birth date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Last	First	Middle			/ /	
Father's Name		Home Address			Home Phone	
		Street			City	State
					Zip	
Place of Employment		Business Address			Cell Phone	
		Street			City	State
					Zip	
Mother's Name		Home Address			Home Phone	
		Street			City	State
					Zip	
Place of Employment		Business Address			Cell Phone	
		Street			City	State
					Zip	
Guardian's Social Security Number		Guardian's E-mail Address <i>Announcements, updates, etc will be communicated to parents vial e-mail; thus, a valid e-mail address must be provided</i>				
Person or persons authorized to pickup child:						
<u>Name</u>		<u>Address</u>			<u>Phone #</u>	
1. _____						
2. _____						
Person to contact in case of an emergency should both parents be unavailable:						
<u>Name</u>		<u>Address</u>			<u>Phone #</u>	
1. _____						
2. _____						
Program in which child will be enrolled		Time		Number of Days Each Week		Beginning Date
		From - To				/ /

Section II: Personal Information

With whom does your child live? (check all that applies) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Brothers <input type="checkbox"/> Sisters <input type="checkbox"/> Relatives <input type="checkbox"/> Other _____	Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process (children enrolled at the age of 3 MUST be toilet trained) What does your child say when wishing to use the toilet?
Name and age of brothers and sisters not living with child:	Does your child need help with <input type="checkbox"/> Dressing <input type="checkbox"/> Undressing
Other people you child sees frequently?	Does your child have a room alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, whom you child shares room with?
Does your child visit grandparents frequently? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deceased	Does your child take a nap? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does you child have any special fears?	Has your child been cared for by anyone other than parents? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of child's play experiences

Outdoors	Security Items, favorite toys	Favorite games
With books	With crayons, scissors, paste	With other children

Section III: Health Information

Physician's name	Address	Phone number
Dentist's name	Address	Phone number
Hospital	Address	Phone number
Are there any restrictions on normal physical activities indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify.	
Does the child have any chronic medical condition necessitating dietary supplements or restrictions, medication, or avoidance of allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify	
Known allergies:	Special attention required.	
Has your child ever been tested for learning disability or developmental delay? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have any history of: Vision impairment or eye infection? <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing impairment or ear infection? <input type="checkbox"/> Yes <input type="checkbox"/> No Speech problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any special needs or require special accommodation?		

Section IV: Acknowledgements

I hereby authorize Pleasant View Child Care Center to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent/guardian can be reached.

Signature (Parent or Legal Guardian)

Date

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

Signature (Parent or Legal Guardian)

Date

With intent to be legally bound, I give permission to Pleasant View Child Care Center ("PVCCC") to photograph my child, and use the resulting photographs for any purpose PVCCC deems proper and I relinquish all rights, title and interest in the finished photographs and negatives.

Signature (Parent or Legal Guardian)

Date

Check all that applies:

- I certify that my child is enrolled in a regular medical program and has been examined by a doctor within the last 12 months.
- I certify that the immunization record is on file at the elementary school my child attends.
- I certify that vaccination or immunization is against my family's religion and a statement to that effect will be provided on religious institution's letterhead within 30 days.

NOTE: All children must be examined by a licensed physician or practitioner within the last 12 months. If this form is not signed by a physician, above boxes must be checked.

Signature (Parent or Legal Guardian)

Date

I, the undersigned do hereby acknowledge that I will abide by the rules and regulations of Pleasant View Child Care Center as stated in the *Parent-Student Handbook*. A copy of this handbook is available online at www.pleasantviewschool.com.

I hereby declare that all information provided above is true and accurate

Parent/Legal Guardian's Signature: _____ Date _____

BIRTH CERTIFICATE	Presented/On-file	YES	NO	Date Requested	_____	Date Received	_____
SOCIAL SECURITY CARD	Presented/On-file	YES	NO	Date Requested	_____	Date Received	_____
IMMUNIZATION RECORD	Presented/On-file	YES	NO	Date Requested	_____	Date Received	_____

VERIFIED BY _____ DATE _____