



Child's Photo
here

ADMISSION REGISTRATION INFORMATION

Registration form must be updated every 6-months or before when needed.

Password or Code: _____

Date of Registration: _____

Date of Exiting: _____

Name of Child: _____

Nickname: _____ Sex: _____ Age: _____ Date of birth: _____

Child's primary language: _____ Parent/Guardian's primary language: _____

What school does your child attend? _____ Phone: _____

Grade/GPA? _____ School attendance time: _____ to _____ Teacher: _____

Child lives with whom? Both parents Mother only Father only Other : _____

Child's siblings or others who live in the same home: _____

My child enjoys: _____

My child is allergic to: _____

My child takes medication regularly, they are: _____

Has your child been immunized? Yes No

IMMUNIZATION RECORD:

Please attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures. KEEP YOUR CHILD'S IMMUNIZATIONS CURRENT AND GIVE UPDATED RECORDS TO US IMMEDIATELY. No admittance to the facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time.

I give permission to staff to consult with health and child development professionals regarding my child's needs.

Yes No

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe: _____

Any other things about your child that you think we should know: _____

TRANSPORTATION

- I do not give permission for my child to be transported.
- I give permission for my child to be transported
 - To nearest medical facility, if a medical emergency occurs and I cannot be reached
 - On field trips
 - To and from school – drop-off time: _____ Pick-up time: _____
 - To and from home– drop-off time: _____ Pick-up time: _____
 - Other, please specify: _____

PARENT/GUARDIAN INFORMATION:

Name of person(s) child lives with: _____ relationship: _____

Driver's license /state issued ID #: _____ Social security #: _____

Email: _____@_____._____ phone: _____

Place of employment/school: _____ phone: _____

Name of person(s) child lives with: _____ relationship: _____

Driver's license /state issued ID #: _____ Social security #: _____

Email: _____@_____._____ phone: _____

Place of employment/school: _____ phone: _____

Work/School schedule:

Monday father's time: _____ mother's time: _____

Tuesday father's time: _____ mother's time: _____

Wednesday father's time: _____ mother's time: _____

Thursday father's time: _____ mother's time: _____

Friday father's time: _____ mother's time: _____

Saturday father's time: _____ mother's time: _____

Annual combined income level:

\$0—\$5,000 ___ \$5,001—\$10,000 ___ \$10,001—\$15,000 ___ \$15,001—\$25,000 ___

\$25,001—\$35,000 ___ \$35,001—\$45,000 ___ \$45,001—\$55,000 ___ \$55,001—\$65,000 ___

\$65,001—\$75,000 ___ \$75,001—\$85,000 ___ \$85,001—\$95,000+ ___

Parent's Signature: _____

Date: _____

CHILD'S RECORD OF INFORMATION (this information will be kept in child's folder)

Name of Child: _____ Ethnicity: _____

Nickname: _____ Sex: _____ Age: _____ Date of birth: _____

Child lives with whom? Both parents Mother only Father only Other : _____

Address: _____

Name of person child lives with: _____ Phone: _____

Name of person child lives with: _____ Phone: _____

My child is allergic to: _____

My child takes medication regularly, they are: _____

My child's doctor: _____ phone: _____ Date of last medical exam: _____

Permission for Treatment by Doctor/Hospital: __Yes __No Medicaid: __Yes __No

Health Insurance Carrier: _____ Phone: _____ Policy #: Group #: _____

What school does your child attend? _____ Phone: _____

EMERGENCY/PICK-UP CONTACT: *please list only persons you'd like contacted if you cannot be reached*

Person #1: _____ Relationship: _____

Address: _____ Phone: _____

Emergency contact only? Yes No Can this person pick child up from facility? Yes No

Person #2: _____ Relationship: _____

Address: _____ Phone: _____

Emergency contact only? Yes No Can this person pick child up from facility? Yes No

Person #3: _____ Relationship: _____

Address: _____ Phone: _____

Emergency contact only? Yes No Can this person pick child up from facility? Yes No

Parent's Signature: _____

Date: _____