

Roots & Wings Childcare and Learning Center

Registration & Emergency Information Form

Please complete both sides.

Child's Name _____ Usually Called _____

Address _____

Phone Number _____ Birthday _____

Mother's Name _____ Home Phone _____

Address _____

Place of Employment _____ E-mail _____

Work Phone _____ Other Phone _____

Father's Name _____ Home Phone _____

Address _____ E-mail _____

Place of Employment _____

Work Phone _____ Other Phone _____

Siblings
Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

I authorize the following person(s) to pick-up my child, _____.

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

The following person(s) does not have authority to pick-up my child, _____.

A court order is required to be on file.

Name _____ Name _____

Parent/Guardian Signature _____ Date _____

Please fill out the back of this form.

Person(s) to call in case of an emergency:

Name _____ Phone Number(s) _____

Address _____ Relationship to Child _____

Name _____ Phone Number(s) _____

Address _____ Relationship to Child _____

Name _____ Phone Number(s) _____

Address _____ Relationship to Child _____

Medical treatment information:

Name of Physician: _____ Phone Number _____

Address _____

Insurance Company _____

Policy Number _____ Name of Policy Holder _____

Specific instructions of special conditions, disabilities, include allergies: _____

I hereby authorize Roots and Wings Childcare and Learning Center to provide emergency help for my child, _____, in the event I cannot be reached. This may include but is not limited to administering first aid and or CPR, calling 911, contacting the physician, providing insurance information, and transportation to the emergency room. I agree to pay all costs and expenses incurred in connection with any medical care provided to my child, including the cost of transportation. I give consent for the emergency contact persons listed to act on my behalf until I am available.

Parent/Guardian Signature _____ Date _____

I give Roots and Wings Childcare and Learning Center permission to take my child on walks around the center.

Parent/Guardian Signature _____ Date _____

I give permission for my child to be photographed by staff members of Roots and Wings Childcare and Learning Center and for the photographs to be displayed around the center.

Parent/Guardian Signature _____ Date _____

Upon providing sunscreen, diaper ointment, and/or other over the counter lotions; I give the staff members of Roots and Wings Childcare and Learning Center permission to apply the designated lotion on my child.

Parent/Guardian Signature _____ Date _____

Child Profile Form

Child's Name _____ Birthday _____

Does your child have a nickname? _____

How would you best describe your child?

Does your child have any special needs?

Is there anything you'd like us to know about your child?

Are there any family situations we should be aware of?

Is your child allergic to anything? Yes / No. If yes, please list all allergies.

What social experiences have your child had with other children?

What experience do you hope your child will gain at Roots & Wings Childcare and Learning Center?
