

Today's Date: _____ Projected Start Date: _____ Child's Age: ___ Yrs. ___ Months

Referred by: _____



M & M Learning Factory Registration Form



CHILD'S INFORMATION

Child's Full Name: _____ Birth Date: ____/____/____

Address: _____ City: _____ State: ____ Zip Code: _____

Preferred Name: _____

Child will attend: Everyday M/W/F T/TH After-School Care (Circle One)

Child will be arriving at what time? _____ (time)

Child will be picked up at what time? _____ (time)

Child will require after-school pickup? Yes / No

Does your child have any special needs?

Has your child ever attended a child care facility? Yes / No

If yes, please state the reason for leaving.

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____ Home Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____ Zip: _____

Work Hours: _____ Driver's License # _____

Father's Full Name: _____ Home Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager or Cellular Phone: _____

Business Address: _____ City: _____ Zip: _____

Work Hours: _____ Driver's License # _____

Parent/Guardian with legal custody _____

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

CHILD PICK-UP INFORMATION

Please list below the people who have ***Permission*** to pick up your child.

***Note: Anyone picking up your child must have picture ID.**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please list those persons who ***Do Not Have Permission*** to pick up your child.

Please explain the reason below or talk to your caregiver so she is aware of the situation.

Name: _____ Relationship: _____ Reason: _____

Name: _____ Relationship: _____ Reason: _____

EMERGENCY CONTACTS

Primary Emergency Contact (other than parents or guardian)

Name: _____ Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian)

Name: _____ Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Any Special Instructions on how to reach parents:

Photo Release

Here at M&M Learning Factory we encourage the teachers to take photos of the children during their Lesson Time/Outside Playtime/Art Activity Time/Lunch Time, Field Trips, etc...

M&M Learning Factory has a Facebook page and also a Website that we use as a way to include the parents in the day to day activities of their child/children. We also have a billboard we use for advertisement (M&M Learning Factory) purposes only and like to include pictures of our children.

M&M Learning Factory **DOES HAVE** my permission to use photos of my child taken in the contexts listed above _____ (Parent Signature)

M&M Learning Factory **DOES NOT HAVE** my permission to use photos of my child taken in the contexts listed above _____ (Parent Signature)

EMERGENCY INFORMATION

- 1. Child's Physician: _____ Phone: _____
- 2. Preferred Hospital: _____ Phone: _____
- 3. Child's Dentist: _____ Phone: _____
- 3. Insurance Company: _____ Policy #: _____
- 4. Regular Medications: _____
- 5. Blood Type: _____

- 6. Medicine allergic to: _____

- 7. Food Allergies: _____

- 8. Any other Allergies: _____

- 9. Immunization Record: Date of Last Immunization: _____

- 10. Any special health conditions:

11. Child has had:

- Measles
- German Measles
- Chicken Pox
- Mumps
- Whooping Cough
- Other _____

Child suffers from:

- Headaches
- Earaches
- Sore Throat
- Stomach Aches
- Flu / Colds
- Other _____

OTHER IMPORTANT INFORMATION/PROVISIONS

