



EARLY CHILDHOOD REGISTRATION FORM

√ Please select school: Lakeline Blvd Campus FM 1431 at Sendero Springs Campus

Child Information	First Name	Middle Name	Last Name
Does your child have a nickname you would like us to use?			
Date of Birth(<i>month/day/year</i>)		Current Age	
What is your preferred start date? (<i>month/day/year</i>)		Gender <input type="radio"/> Male <input type="radio"/> Female	

Mother/Legal Guardian	First Name	Last Name
Home Address		City/Zip
Home Phone	Cell Phone	Work Phone
Employer		Marital Status
Employers Address		City/Zip
Email		Driver's License #

Father/Legal Guardian	First Name	Last Name
Home Address <input type="checkbox"/> (√ <i>Check here if same as Mother/Legal Guardian</i>)		City/Zip
Home Phone	Cell Phone	Work Phone
Employer		Marital Status
Employers Address		City/Zip
Email		Driver's License #

Does your child reside with both parents? Yes No. If no, who is the custodial parent/legal guardian? _____

Is a parent not authorized to pick up a child? Yes No. If yes please provide a copy of the court order

Child's Name:

(Please PRINT)

First

Middle

Last

√ **Select program age group:**

AGE GROUP	Full-Time Monday to Friday	Part-Time Mon/Wed/ Fri	Part-Time Tues/Thurs
INFANTS (6 weeks to 12 mo.)		NA	NA
TODDLERS (13mos. to 23mo)		NA	NA
EARLY PRESCHOOL (2 year olds)			
PRESCHOOL (3 year olds)			
PRE-K (4 and 5 year olds)			

What time will your child typically be at school?

Day of the Week	Typical Drop Off Time	Typical Pick Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

EMERGENCY & AUTHORIZED CONTACTS

I/we, understand that if the parents/legal guardians cannot be reached during an emergency, we authorize the release of my child to the individuals listed below. These individuals will also be authorized to pick your child up from the daycare center with valid identification.

Contact #1

First Name	Last Name	Relationship to Child
Home Address		City/Zip
Cell Phone	Home Phone	Driver's License #

Contact #2

First Name	Last Name	Relationship to Child
Home Address		City/Zip
Cell Phone	Home Phone	Driver's License #

Contact #3

First Name	Last Name	Relationship to Child
Home Address		City/Zip
Cell Phone	Home Phone	Driver's License #

Child's Name: _____
 (Please PRINT) First Middle Last

CHILD HEALTH & DEVELOPMENT HISTORY

Your response to the following questions provides us with information to help us best meet the needs of your child.

Health

Does your child have any allergies?	<input type="radio"/> Yes	<input type="radio"/> No	Please describe
How should we respond to an allergic reaction? <i>Please provide physician directives.</i>			
Has your child been hospitalized in the last 12 months?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please describe
Does your child have any existing health conditions?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please describe
Does your child currently take <i>prescription</i> medication?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, list medication
Does your child currently take any <i>non-prescription</i> medication?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, list medication
Will your child be taking any medication at the School?	<input type="radio"/> Yes	<input type="radio"/> No	If yes please describe how it is administered:
If your child is currently taking medication are there any side effects?	<input type="radio"/> Yes	<input type="radio"/> No	If yes please describe

(If applicable) Toileting

Is your child fully potty trained? (no diapers or pull ups at all times, including naps)	<input type="radio"/> Yes	<input type="radio"/> No	If no, please answer the following questions below.
What are your toileting routines at home?			
How can we best help?			

Behavior

Has your child met age appropriate milestones?	<input type="radio"/> Yes	<input type="radio"/> No	If no, please describe
How does your child communicate their needs? (talking, pointing, etc.)			
How do you discipline your child at home? (time out, ignore behavior, etc)			
When your child becomes upset what helps them calm down?			
Are there any particular routines that are helpful during nap time?			

Eating Preferences (if your child is eating table food)

Will your child be eating school meals and snacks?	<input type="radio"/> Yes	<input type="radio"/> No	If no, explain why
Are there any foods that your child will not eat?	Please list:		

Child's Name: _____
 (Please PRINT)

Please use the section below to list information that may be helpful to someone who will be caring for your child:

General Information

Has your child attended another preschool or daycare?	<input type="radio"/> Yes	<input type="radio"/> No	If yes please list
What are your expectations for your child while they are at school?			
Does your child have any siblings? What age?	<input type="radio"/> Yes	<input type="radio"/> No	If yes please list

Administration Only

Admission Date	Withdrawal Date
Classroom Enrolled	Site Visit Date Start Date
<input type="radio"/> Site visit info copied and provided to teacher	Staff Name/ Signature
Additional Comments	

Child's Name: _____
(Please PRINT) First Middle Last

PHOTOGRAPHIC ACKNOWLEDGEMENT AND RELEASE

The purpose of this photo and media release is to seek your permission to use your child's photographic image or likeness in a group, or individually, for documentation, publication and promotional purposes, and advertising whether electronic, print, digital, or online. Your child's name will not be used online.

I _____, am authorized to sign this release on behalf of the child _____ and thereby **GRANT** Hatch House School, it's staff and agents permission to use my child's photographic image in photography publications, promotional purposes, websites, media press releases and coverage's on behalf of Hatch House School.

Please sign below:

Mother/Guardian: _____ Date: _____

Father/Guardian: _____ Date: _____

CONSENT AND RELEASE FROM LIABILITY

Please initial and sign below:

____ I hereby grant permission for my child to participate in water activities. (*select all that apply*)

Sprinkler play splashing/wading pools swimming pools water play tables

____ I hereby release Hatch House School from medical liability due to any illness or injury occurring during my child's attendance and participation in School activities.

PreKindergarten aged-children:

Only Children in the PreK programs are very infrequently taken on field trips to the local library and child-oriented businesses, permission will be sought prior to any field trips.

____ I give permission for my child to go on field trips and release Hatch House School, its employees, and agents from any liability. (*Parents will be notified of any field trips, and Field Trip Permission Form must be completed*).

PreKindergarten aged-children

____ I understand that should an emergency occur during a field trip that Hatch House School staff will contact the main office and subsequent notification will be sent to the parents and emergency contacts as necessary.

____ I hereby release Hatch House School, it employees and agents from all liabilities resulting from transporting my child during an emergency and I also will not hold Hatch House School financially responsible for any emergency care.

Mother/Guardian: _____ Date: _____

Father/Guardian: _____ Date: _____