

HAPPY PLACE

Learning Center

Preschool Registration Form

Entrance Date: _____ Departure Date: _____

Child's Full Name: _____ Preferred name: _____

Date of Birth: _____ Sex: _____

Address: _____ Home Phone: _____

Mother's Name/Home Address/Telephone Number (if different from child's):

Place of Employment: _____ Work Phone: _____

Father's Name/Home Address/Telephone Number (if different from child's):

Place of Employment: _____ Work Phone: _____

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardian(s): Both Parents Mother Father Other

Other Household Members (siblings, etc.)

Your child can be released to the following people:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Person (if parents can't be reached):

Name: _____ Phone Number: _____

Relationship: _____

Name of Insurance Company: _____

Policy Number: _____

Group Number: _____

Name of Person Insured: _____

Child's Physician: _____ Phone Number: _____

List any special dietary needs for child:

List child's allergies:

List current medications:

List toilet habits (potty training, in diapers, etc.):

What does your child call a Bowel Movement: _____

What does your child call urination: _____

I have received a copy and agree to abide by the policies and procedures for Happy Place Learning Center. If for any reason I wish to remove my child from Happy Place's day care program, I will provide written notice at least 14 days in advance or I will forfeit any funds owed to me through the prepayment process.

_____ Parent's Signature _____ Date