



GROWING
GENERATIONS
CHILD DEVELOPMENT CENTER

Registration Form

Enrollment Date: _____

Child's Name: _____ Date of Birth: _____ Sex: M F

Address: _____

City: _____ Zip Code: _____

Phone Number: _____ Mobile: _____

Parent/Guardian's

Name: _____ Phone: _____

Home Address: _____

City: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Email Address: _____

Parent/Guardian's

Name: _____ Phone: _____

Home Address: _____

City: _____ Zip Code: _____

Employer: _____ Work Phone: _____

Email Address: _____

Language spoken at home: _____

Any special words or phrases used to convey thoughts/ideas to my child:

Emergency Contacts

PLEASE LIST THREE PEOPLE WHO ARE WILING AND ABLE TO ASSUME RESPONSIBILITY FOR YOUR CHILD IN CASE A PARENT CANNOT BE CONTACTED. YOU MUST PROVIDE ATLEAST A PHONE NUMBER AT A MINIMUM FOR EACH CONTACT.

Name: _____ Relationship to Child: _____
Address: _____ Phone: _____

Name: _____ Relationship to Child: _____
Address: _____ Phone: _____

Name: _____ Relationship to Child: _____
Address: _____ Phone: _____

Is there anyone else not previously listed who is authorized to pick up your child?

Name: _____ Phone: _____
Relationship to Child: _____

Name: _____ Phone: _____
Relationship to Child: _____

Name: _____ Phone: _____
Relationship to Child: _____

Emergency Security Code: _____ (one word or 4 digit number)

***PLEASE ONTE: IF YOU NEED TO SEND AN ALTERNATE PERSON TO PICK UP YOUR CHILD, YOU MUST NOTIFY THE CENTER IN ADVNACE USING YOUR SECURITY CODE. WE WILL NOT RELEASE A CHILD TO ANY PERSON WITHOUT AUTHORIZATION FROM THE PARENT.**

Emergency Information

Name of Child's Health Care Facility: _____

Doctor: _____ Phone: _____

Address: _____

Medical Insurance Provider: _____

Does your child take any medications on a regular or long term basis? _____

If yes, please list the medications: _____

How often is the medication take: _____

Is your child allergic to anything? _____

If yes, list allergies: _____

How should allergies be treated? _____

Child's Dental Facility: _____ Phone: _____

Dentist: _____ Address: _____

Dental Insurance Provider: _____

Permissions

In the event of a medical emergency, I authorize the staff of Growing Generations to have my child transported by emergency medical personnel to the closest hospital or medical facility deemed necessary by EMS. I understand I will be responsible for any cost incurred during an emergency situation included but not limited to transportation, medical bills, and required care after emergency situation.

Parent Signature: _____ **Date:** _____

Growing Generations has permission to take my child on walks within one mile of the center.

Parent Signature: _____ **Date:** _____

Growing Generations has permission to take my child's photo to use within the center. Additionally, Growing Generations has permission to send images via email, tadpoles, or emergency text to parents/guardians.

Parent Signature: _____ **Date:** _____

I have read Growing Generations' Family handbook in its entirety and agree to abide by all of the policies and procedures within.

Parent Signature: _____ **Date:** _____

I agree to give at least 4 weeks written notice for termination of services. If I do not give four weeks written notice, my account will still be charged four weeks of tuition and deducted from my account through Tuition Express.

Parent Signature: _____ **Date:** _____