



Promiseland Learning Center Registration Information

Family Information

Child's Name: _____ Birthdate: _____ Age on 9/1/11: _____

Home Address: _____ Home phone: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Father's Name: _____

Place of employment: _____ Place of employment: _____

Mother's Cell #: _____ Father's Cell #: _____

Mother's Work #: _____ Father's Work #: _____

Mother's email: _____ Father's email: _____

_____ I understand that I will receive newsletters/emails and emergency notifications with this email address necessary for the best possible communication between the school and parents.

School district you live in: _____ Church affiliation: _____

Emergency Contacts and Authorization to pick up (other than parents)

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Driver's License #: _____ Driver's License #: _____

Photo ID on file

Photo ID on file

Water Activities: I hereby give do not give - consent for my child to participate in water activities:

Sprinkler play

Water table play

Parent's Signature: _____ Date: _____

Medical Information & Requirements

Child's Name: _____ DOB: _____

If I cannot be reached to make arrangements for emergency care for my child at the time of an illness or accident, I give permission for Promiseland Learning Center to take my child to:

Child's Physician's Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Emergency Medical Care Facility: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature: _____ Date: _____

Medical Information

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term conditions and any other information which caregivers should be aware of:

- I have provided Promiseland Learning Center with a copy of my child's most current immunization record.

Physician's Statement Requirement

One of the following must be present when your child (under the age of 5 years) is admitted to the childcare program or within one week of admission.

Please check only one option:

1. Health-care Professional's Statement: I have examined the above named child within the past year and find that he/she is able to take part in a day care program.

Physician's Signature: _____ Date: _____

2. A signed and dated copy of a health care professional's statement is attached.
3. My child has been examined within the past year by a health care professional and is able to participate in the program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child care operation.
4. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

If your child is age 4 as of Sept. 1st, it is required by law to have vision and hearing results on file.

Parent's Signature: _____ Date: _____