

REGISTRATION AND PARENT HANDBOOK
(POLICIES AND PROCEDURES)

HOW DID YOU HEAR ABOUT US?

Yellow Pages

Flyer

Referral

Friend

Other

____ *Full-time Care* ____ *Part-Time Care*

Did you remember to bring your child(ren)'s shot records? ____ *Yes* ____ *No*

Child's Name: _____ Date of Birth: _____ Female ____ Male ____

Child's Name: _____ Date of Birth: _____ Female ____ Male ____

Child's Name: _____ Date of Birth: _____ Female ____ Male ____

Mom's Address: _____ Mom's Name: _____ Home Phone: _____
Street

City Zip Code Mom's Cell: _____ Mom's Work: _____

Dad's Address: _____ Dad's Name: _____ Home Phone: _____

City Zip Code Dad's Cell: _____ Dad's Work: _____

EMERGENCY CONTACTS: Name and address of family members and/or friends to contact:

Name: _____ Address: _____ Phone: _____ Relation: _____

Name: _____ Address: _____ Phone: _____ Relation: _____

MEDICAL HISTORY: If child(ren) has a medical condition (i.e., allergies, asthma, premature birth, vision, speech, hearing or learning disabilities, please explain: _____

Name of family Doctor or Medical Facility to call in case of EMERGENCY: Doctor's Name: _____ Phone: _____

Facility: _____ Phone: _____

I give permission for emergency Medical or Transportation or Treatment: ____ Yes ____ No

Signature: _____ Date: _____

Name family members or friends that can pick up your child any time WITHOUT written notice:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

I give my permission to transport my child(ren): _____ to school outings, field trips, and/or to and from school. ____ Yes ____ No.

Signature: _____ Date: _____

I agree with Blue Bird Day Care and Learning Center's Policies and Procedures as stated in the Parent Handbook.

Signature: _____ Date: _____
Parent and/or Guardian