

Play School Registration Form

Registration Date: _____

Start Date: _____

Childs' Name _____ Age _____

Date of Birth (D/M/Y) _____

Address _____

Mother's Name _____

Phone (H) _____ (W) _____

Father's Name _____

Phone (H) _____ (W) _____

Legal Guardian (if different than above) _____

Phone (H) _____ (W) _____

E-mail _____

Child lives with ___ Mother ___ Father ___ Both ___

Other (explain) _____

Authorized individual to pick up Child if other then parent or legal Guardian

Alternate Contact in case of Emergency:

1. Name _____

Phone (H) _____ (W) _____

Relationship to Child _____

MEDICAL INFORMATION

Please check if your child has any of the following conditions:

___ Asthma ___ Physical Disability ___ ADHD

___ Diabetes ___ Tourette Syndrome ___ ADD

___ Epilepsy ___ Allergies ___ Emotional Disability

Please list any important details (medications, precautions, etc.)

Physician(s) _____

Medicare # _____ Expiry Date _____

ALLERGY ALERT: Please list your child's Allergies

Child Health Record

Immunizations: Please provide a copy of your child's immunization record. If for any reason your child has not received any or all of these immunizations appropriate to their age, please inform us.

(The dots(.) shown on this table illustrate the routine immunization schedule which should be followed for infants and children less than 7 years old.)

Age	DPT-P/Hib	DPT-P	Hep.B	MMR	Td-P	Td
Birth						
2 Months	•		•			
4 Months	•					
6 Months	•					
1 Year			•	•		
18 Months	•			•		
4-6 Years		•				