

# Little Einsteins Early Learning Center Registration Form

Please complete the registration form in blue or black ink. All fields must be filled out completely in order to process registration.

## Child's Information

## Today's Date

Child's Name		Date of Birth	Sex	
Address		Nickname (if any)		
City/State/Zip		Home Phone		
Requested Enrollment Date		Full-time	Part-time	
Child lives with: (Please Circle One)	Mother	Father	Both Parents	Guardian

## Parent/Guardian Information

Parent/Guardian Name		Parent/Guardian Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
SSN	Driver's License #	SSN	Driver's License #
Employer		Employer	
Employer Address		Employer Address	
Employer Phone	Ext.	Employer Phone	Ext.

### Parent's Marital Status:

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Person(s) with legal custody: \_\_\_\_\_  
(Attach pertinent paperwork such as a Court Order if a parent is not permitted to pick up the child.)

### Emergency Contacts/Authorized Pick Up

The following people are authorized pick up my child and also may be contacted in an emergency or illness in the event I cannot be reached.

Name		Name	
Home Number	Work Number	Home Number	Work Number
Cell/Other Number		Cell/Other Number	
Relationship to child		Relationship to child	

Name		Name	
Home Number	Work Number	Home Number	Work Number
Cell/Other Number		Cell/Other Number	
Relationship to child		Relationship to child	

### Person's Not Authorized to Pick Up

**Please Note:** Little Einsteins Early Learning Center, LLC must have a copy of the legal custody order in order to detain pick up from a parent.

Name		Name	
Home Number	Work Number	Home Number	Work Number
Cell/Other Number		Cell/Other Number	
Relationship to child		Relationship to child	

### Other Household Members

Name	Age	Relationship

## General Health Information

Child's Physician or Clinic's Name, Address, Phone #:

\_\_\_\_\_

Does your child require medication for an allergic reaction?      \_\_\_ Yes \_\_\_ No

If yes, specify: \_\_\_\_\_

Does your child have allergies (insects, medications, food, etc.)? \_\_\_ Yes \_\_\_ No

If yes, specify: \_\_\_\_\_

List any medications (food supplements or modified diets) currently being administered to the child:

\_\_\_\_\_

List any chronic physical problems, special needs and history of hospitalization:

\_\_\_\_\_

## Additional Information

Has your child been in childcare before?      \_\_\_ Yes \_\_\_ No

If so, when and where?

\_\_\_\_\_

Why was care terminated? \_\_\_\_\_

If your child's activities should be restricted in any way, please describe:

\_\_\_\_\_

Is your child FULLY POTTY TRAINED?      \_\_\_ Yes \_\_\_ No

How did you hear about Little Einsteins Early Learning Center? (Circle One)

Referral (Name) \_\_\_\_\_

Online Childcare Directory (Name) \_\_\_\_\_

Local Bulletin

Phone Book

Brochure/Flyer

Newspaper

My signature below asserts that I have read, and agree with all of the above. All the information above is correct and true to my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date