



A Family of Child Care Centers

Registration Form

CHILD'S INFORMATION:

Last Name _____ First Name _____ Gender: M / F

Date of Birth: _____ Enrollment Date: _____ Assigned Classroom: _____

Number of Days per week: 5 days / 4 days / 3 days / 2 days (M T W Th F) ParentView: Yes / No

Lunch Plan: Yes / No: Non- Vegetarian: _____ Vegetarian: _____

Pizza Parlor Fridays: (Yes / No) Early or After Hours Care (if applicable): Early / After / Both / None

Other Programs (as apply per center): _____

Allergies or Other Important Information (be specific please): _____

How did you hear about our center? Personal referral (if so, who?): _____

Other: Building or Drive-by / Internet / Advertisement (if so which one?): _____

I give _____ do not give _____ permission for my child to be photographed in connection with school publicity. (initial _____)

PARENT / GUARDIAN 1 INFORMATION:

Last Name _____ First Name _____ Gender: M / F

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Social Security Number: _____

Driver's License Number: _____ Work Phone: _____

Employer : _____ Address: _____

City: _____ State: _____ Zip: _____

PARENT / GUARDIAN 2 INFORMATION:

Last Name _____ First Name _____ Gender: M / F

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Social Security Number: _____

Driver's License Number: _____ Work Phone: _____

Employer : _____ Address: _____

City: _____ State: _____ Zip: _____



CUSTODIAL INFORMATION:

If a non-custodial parent is not among those persons authorized to pick up the child, a court order must be provided. Please check the appropriate box below.

Yes, this situation applies, court order is provided: _____ Not Applicable: _____

EMERGENCY CARE AUTHORIZATION:

In the event that a medical emergency occurs, I authorize Brick Rainbow Kids to seek emergency care for my child as deemed necessary by the Director and I authorize such medical service provider to carry out required emergency treatment.

Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENTS)

1. _____ Phone # : _____
2. _____ Phone # : _____
3. _____ Phone # : _____

I understand and agree to the policies and requirement outlined in the Brick Rainbow Kids Parents Handbook and the Financial Agreement. Specifically, I understand that full tuition is due regardless of holidays, snow days, short-term illness or vacations. All returned transactions will be assessed a penalty to cover banking fees. In addition, I understand the Expulsion policy and Information to Parents Document made by the Office of Licensing (Included inside the Parent Handbook).

Parent / Guardian 1 Signature: _____ **Date:** _____

Parent / Guardian 2 Signature: _____ **Date:** _____