

Welcome to **Childs Play & Learn!**

Registration Form

Name Of Child: _____

Date of Enrollment: _____ Date of Birth: __/__/__ Sex: M F

Health Card Number: _____

Full Name of Mother: _____

Address: _____ Place of Work: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Full Name of Father: _____

Address: _____ Place of Work: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Custody Arrangements: _____

Persons other than parents authorized to pick up child in case of emergency:

1. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are your child's immunizations up to date? Yes () No ()

Does your child have any known health problems? Yes () No () If yes, explain:

Does your child have any known allergies or take any medication on a regular basis? Yes () No ()
If yes, explain:

Does your child require medication to be administered while in care at Child's Play and Learn?
Yes () No () If yes, please provide detailed instructions:

Is there anything else I should be aware of? Yes () No () If yes, explain:

*I authorize **Child's Play and Learn** to perform or obtain any First Aid or
emergency medical attention that my child may require.*

Signed: _____ Date: _____