



REGISTRATION

Child's Name _____
Last First Middle

Birth date _____ Sex F M

Address _____

HOME PHONE #	CELL PHONE #
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Father's Name _____

Place of Employment _____
Work Telephone # _____

Mother's Name _____

Place of Employment _____
Work Telephone # _____

Email address: _____

In case of an emergency, at school, when a parent cannot be reached, the person listed below will be contacted to assume responsibility for your child.

Name _____ Telephone # _____

Address _____

Preschool (circle days)

Half Day for 3 & 4 yr. Olds M T W Th F

Preschool with child care for 3 & 4 yr. olds M T W Th F

Elementary Grades: Kindergarten 1st 2nd 3rd 4th 5th 6th

Child Care: A.M. P.M. Arrival _____ Departure _____

Bus Transportation (K - 6 grade only) a.m. _____ p.m. _____ (No noon busing)

Previous schools attended _____

Siblings _____

Please list below any medical information (surgery, allergies, medication) pertinent to your child:

Others:

	<u>Year</u>		<u>Year</u>
Asthma	_____	German Measles (3 Day)	_____
Heart Disease	_____	Scarlet Fever	_____
Diabetes	_____	Measles (9 Day)	_____
Tuberculosis	_____	Diphtheria	_____
Mumps	_____	Whooping Cough	_____
Ear Infection	_____	Pneumonia	_____
Epilepsy	_____	Poliomyelitis	_____
Chickenpox	_____	Rheumatic Fever	_____
Other	_____		

Immunizations Dates:

	1st Dose	2nd Dose	3rd Dose	Booster	Booster
Diphtheria	_____	_____	_____	_____	_____
Pertussis	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____
Oral Polio	_____	_____	_____	_____	_____
Rubella (3 day)	_____	_____	_____	_____	_____
Measles (9 day)	_____	_____	_____	_____	_____
Mumps	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____

Tuberculin Test _____ Result _____
Tuberculin Test _____ Result _____

Doctor: _____ Phone # _____

Address: _____

Phone: _____

Parent Signature

The Learning Center has a Non-Discriminatory Policy