

Family Registration



Wickliffe
ACADEMY CHILDCARE

Child Information

Registration Date _____

1st Child

Last Name		First Name		M.I.	Nickname	
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		Social Security #	
			City:	State:		

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

Yes No

2nd Child

Last Name		First Name		M.I.	Nickname	
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		Social Security #	
			City:	State:		

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

Yes No

3rd Child

Last Name		First Name		M.I.	Nickname	
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State		Social Security #	
			City:	State:		

Existing medical conditions, medications and/or special attention your child may require

Allergies

Pediatrician's Name	Phone	Address
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Photos: May we take and maintain a photo of your child for security purposes?

Yes No

Additional Comments & Information: _____

Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian						
Last Name		First Name		M.I.	Relationship to Child	
Email Address			Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours	
2nd Primary Guardian						
Last Name		First Name		M.I.	Relationship to Child	
Email Address			Work Phone		Cell Phone	
Occupation	Employer		Work Address		Work Hours	
Which Guardian Should be Called First?		Home Phone		Preferred language for written communication:		
Home Resident Street Address			Apt #	City		Zip Code
Mailing Address (if different than above)			Apt #	City		Zip Code

Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian							
Last Name		First Name		M.I.	Relationship to Child		
Email Address			Work Phone		Cell Phone		
2nd Non-primary Guardian							
Last Name		First Name		M.I.	Relationship to Child		
Email Address			Work Phone		Cell Phone		
Which Guardian Should be Called First?		Home Phone		Should mailings be sent to this household also? [] Yes [] No			
Second Household Mailing Address			Apt #	City		State	Zip Code

Additional Comments & Information: _____

Emergency Contacts and Authorized Pickups

1st Contact/Pickup

Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

2nd Contact/Pickup

Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

3rd Contact/Pickup

Last Name		First Name		Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____		

Additional Comments and Information

Is there is any other information that would be helpful to our management and teaching staf?

Signature

Parent / Guardian Signature

Date