

**THE EARLY CHILDHOOD CENTER OF NEHBC
INFORMATION/REGISTRATION PACKET**

2018-2019

Parent/Guardian Information

Registration Date _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Cell Phone: () _____

Email: _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Email _____ Cell Phone: () _____

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Age by Sept 1, 2018 _____

Child's Address: _____

Biological Sex: [] Male [] Female **Date of Birth:** _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

T-Shirt Size - (circle) 18months 2 4 6-8

Child Information - Continued

2nd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Age by Sept 1, 2018: _____

Child's Address: _____

Biological Sex: Male Female **Date of Birth:** _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

T-Shirt Size - (circle) 18months 2 4 6-8

3rd Child First Name: _____ M.I.____ Last Name: _____

Name child prefers to be called: _____ Age by Sept. 1, 2018: _____

Child's Address: _____

Biological Sex: Male Female **Date of Birth:** _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

T-Shirt Size - (circle) 18months 2 4 6-8

Office use only: Amt. Paid _____ Paid by _____ check number _____ Date _____

Pizza money paid _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our director and teaching staff?

*Tuition is due by the 7th day of the month. An additional \$25 fee will be added for payment after that date.
Current Immunization Record required for each child enrolled at The Early Childhood Center.*

Signature:

Parent's Signature: _____ Date: _____

Thank You!