

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

2019-2020

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, 2019 _____

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, 2019: _____

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, 2019: _____

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 _____

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

2019-2020

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!

NEHBC Early Childhood Center

Medical Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____

Biological Sex: Female _____ Male _____

Information for Medical Treatment:

Physician's Name: _____

Physician's Phone: _____

Medical Insurer/ Health Plan: _____ Policy #: _____

Medication Allergies: _____

Allergies: _____

Note any other significant medial information: _____

Authorization