



Child Registration Form
Kentwood Heights W.E.E. Care Center
 P.O. Box 8
 2607 New Kent Highway
 Quinton, VA 23141
 (804) 932-5370 or (804) 932-5373

OFFICE USE ONLY	
Days Requested:	
<input type="checkbox"/> MWF	
<input type="checkbox"/> Tu/Th	
Days Assigned	_____
Class Assigned	_____
Tuition Amt. \$	_____
<input type="checkbox"/> Medical Form	
<input type="checkbox"/> Birth Certificate	
<input type="checkbox"/> Registration Fee	
Date entered program:	_____
Date left program:	_____

Child's Full Name:

 (First) (Middle) (Last) (Nickname)

Home Address:

 (Street) (City) (State) (Zip)

Age: _____ Birthdate: _____ Sex: _____

Father's Name: _____

Father's Home Address:

 (Street) (City) (State) (Zip)

Father's Place of Employment: _____

Father's Phone Numbers: Home: () Work: () Cell: ()

Mother's Name: _____

Mother's Home Address:

 (Street) (City) (State) (Zip)

Mother's Place of Employment: _____

Mother's Phone Numbers: Home: () Work: () Cell: ()

EMERGENCY INFORMATION

Allergies and/or Intolerance to Food, Medication, etc. and Action to Take in an Emergency:

Name of Child's Physician: _____ Phone: ()

Child's Name: _____

Person(s) to Contact if Parents Cannot Be Reached:

Name	Relationship	Address	Home Phone	Cell Phone
1.				
2.				
3.				
4.				

Person(s) Authorized to Pick Up Child:

Name	Relationship	Address	Home Phone	Cell Phone
1.				
2.				
3.				
4.				

Person(s) NOT Authorized to Visit OR Pick Up Child:

Physical or Developmental Information You Feel We Should Know:

Month/Year Child Was Toilet Trained: _____

Any Other Information You Feel Would Be Helpful with Toilet Training while at School:

Agreements:

1. The school agrees to notify the parent whenever the child becomes ill and the parent agrees to pick the child up as soon as possible. Yes No
2. The parent authorizes the child care center to obtain immediate medical care if any emergency occurs when s/he cannot be located immediately. Yes No

Signatures:

Parent or Guardian: _____ Date: _____

School Director: _____ Date: _____