

St. Martha Childcare
2011-2012 School Registration

Child's Information

Child's Name _____ Birth Date _____
Address _____
Grade Entering _____ Hair Color _____ Eye Color _____ Age _____ Class _____

Parent Information

Father's Name _____
Employer _____
Work Phone _____ Cell Phone _____ Home Phone _____
Mother's Name _____
Employer _____
Work Phone _____ Cell Phone _____ Home Phone _____
Insurance and Policy # _____
Doctor's Name _____ Phone Number _____
Hospital Preference _____

Emergency Contacts

Name _____ Relationship _____
Work# _____ Cell# _____ Home# _____
Name _____ Relationship _____
Work# _____ Cell# _____ Home# _____

Persons Authorized to Pick Up Your Child (in addition to those listed above)

Name _____ Relationship _____
Work# _____ Cell# _____ Home# _____
Name _____ Relationship _____
Work# _____ Cell# _____ Home# _____

Allergies or Special Concerns:

The health history is correct so as I know, and the child herein described has my permission to engage in all activities and field trips except as noted by me. In the event I cannot be reached in an emergency, I hereby give St. Martha Childcare Staff my permission to attend to all emergency needs (transportation and physician). I also give my permission to attending physicians to order injection, anesthesia, or surgery for my child as named above.

Signature _____ **Date** _____

My child will attend: *(Please circle one)*

Full time _____ *Part Time _____ Circle the days:
(4-5 days) (1-3 days) M T W TH F

An \$25 Registration Fee must accompany this form. Please complete a separate registration form and add \$10 for each additional child.

Office Use Only: Check # _____ Amount _____ Paid _____