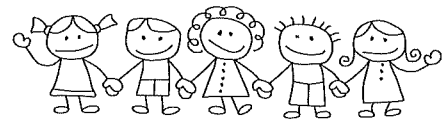


# Children's Imagination Station Day Care Registration Form



## 1st Child

Full Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female  Able to Photograph/Video? Yes  No

Use Photo/Video in social media? Yes  No  Use Photo/Video/Name In media coverage approved by Director? Yes  No

Able to go on walking field trips (or buggy rides) in accordance with DHS child/staff ratios? Yes  No

Allergies \_\_\_\_\_

Existing medical conditions, behavioral concerns, and/or special attention your child may require:

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Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

## 2nd Child

Full Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female  Able to Photograph/Video? Yes  No

Use Photo/Video in social media? Yes  No  Use Photo/Video/Name In media coverage approved by Director? Yes  No

Able to go on walking field trips (or buggy rides) in accordance with DHS child/staff ratios? Yes  No

Allergies \_\_\_\_\_

Existing medical conditions, behavioral concerns, and/or special attention your child may require:

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Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

## 3rd Child

Full Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female  Able to Photograph/Video? Yes  No

Use Photo/Video in social media? Yes  No  Use Photo/Video/Name In media coverage approved by Director? Yes  No

Able to go on walking field trips (or buggy rides) in accordance with DHS child/staff ratios? Yes  No

Allergies \_\_\_\_\_

Existing medical conditions, behavioral concerns, and/or special attention your child may require:

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Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian**

**Mother/Guardian** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

**People Authorized to Pick Up Your Child/Children**

\_\_\_\_\_  
\_\_\_\_\_

*Is there a no contact order or custody agreement that we should be aware of? Yes  No  If yes, please provide for your child's file.*

**People to Call in Case of EMERGENCY (must list 2 people; do not list parents of child)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Day Time Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*If no information as changed since enrollment please sign and date\*\***

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*If no information as changed since enrollment please sign and date\*\***

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*If no information as changed since enrollment please sign and date\*\***

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*If no information as changed since enrollment please sign and date\*\***

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_