

Windsor Early Childhood Education Center
Registration Form

Date admitted: _____

Child's Name _____ Date of Birth _____

Address _____

Telephone # _____

Identifying information of parent/s or guardian/s legally responsible for child:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Hours: _____ Phone: _____ Hours: _____

Special instructions for reaching parent/guardian:

Contact person in event of an emergency:

Name _____ Phone: _____

Name _____ Phone: _____

Additional people allowed to pick up your child without written permission:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Known Allergies _____

Special Instructions _____

Consents:

In the event that my child _____, becomes ill or injured during scheduled hours of care, I/We do authorize emergency medical care and give permission to contact Dr. _____ on my behalf. I/We understand that the child care staff will make every effort to reach me should an emergency arise. I/We also realize that some emergencies do not require that emergency staff be notified first.

_____ I give permission for my child to take walks with the child care staff within the local vicinity.

_____ I give permission for my child to be included in picture taking, or filming and realize that these pictures/films may be viewed by others at the Center or occasionally in a local periodical. You will be notified previous to publication.