

Apples & Books Learning Center Registration Form

Date: _____

General Information

Child's Name _____ Nickname _____ Sex _____

Birthdate _____ Age _____ Telephone _____

Address _____

City, State, Zip _____

Does child live with both parents? _____ Mother _____ Father _____

Other _____ Name & Relationship _____

Mother's Name _____ Address _____

Occupation _____

Employer's Name & Address _____

Work Telephone _____

Father's Name _____ Address _____

Occupation _____

Employer & Address _____

Work Telephone _____

Which parent should be contacted first? _____

Names of people authorized to pick up your child in case of emergency

1. _____

2. _____

Persons other than parent who can be contacted in case of emergency.
(a minimum of 2 please)

Name _____ Relationship _____

Address _____ Telephone _____

Name _____ Relationship _____

Address _____ Telephone _____

Registration Form (continued)

Family Information

Other children in family in order of birth

Name Age Sex Lives in household

Pets in household (name & type) _____

The child is usually cared for by _____

Language other than English spoken at home _____

Child's Doctor _____

Address & Telephone _____

Any allergies or medical conditions _____

Comments or information that can help us care for your child (allergies, etc.)

Social Development

What makes your child angry or upset? _____

How does your child show these feelings? _____

Anticipated starting date and days and hours _____

I have read the Parent's Handbook and I agree with its terms and policies.

Parent's Signature _____