

THE KID'S PLACE AT SLATE HILL

Parent/Guardian Information

Registration Date: _____

School Directory: Would you like your family to be included in our school directory? Yes No

Parent /Guardian 1 First Name: _____ M.I.____ Last Name: _____

Address: _____

Email: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there any other information you would like us to know?

Parent /Guardian 2 First Name: _____ M.I.____ Last Name: _____

Address: _____

Email: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there any other information you would like us to know?

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

2nd Child First Name: _____ M.I. ____ Last Name: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Emergency Contact
 Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Emergency Contact
 Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I. ____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Cell Phone: () _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Additional Comments & Information:

Is there any other information that would be helpful to our director and teaching staff?

Signature:

Signature of Parent/Guardian: _____ Date: _____