



Student Registration Form

First Child's Full Name _____ Nickname _____
Birth Date: _____ Date of Enrollment _____

Second Child's Full Name _____ Nickname _____
Birth Date: _____ Date of Enrollment _____

Address: _____
City _____ State _____ Zip Code _____
Home Phone _____

Mother's Name _____
Mother's Address: _____
City _____ State _____ Zip Code _____
Mother's Home Phone _____
Cell Phone: _____ text or call

Mother's Employer _____
Work Address _____ City _____ State _____
Mothers Occupation: _____
Work Hours: _____ to _____ Work Phone: _____ ext. _____

Father's Name: _____
Father's Address _____
City _____ State _____ Zip Code _____
Father's Home Phone _____ Cell Phone: _____

Father's Employer _____
Work Address _____ City _____ State _____
Father's Occupation: _____
Work Hours: _____ to _____ Work Phone: _____ ext. _____

(Next Section Fill out only if applicable)

Parent/Guardian with legal custody: _____ Decree on file? Yes or No
(circle)
Parents are: Married / Divorced / Separated / Widowed / Single



Emergency Contact's and Persons Authorized

Primary Emergency Contact:

Name _____
Home Phone: _____
Work Phone: _____
Address _____ City _____ State _____
Relationship to Child: _____

Secondary Emergency Contact(other than parents/guardian):

Name _____
Home Phone: _____ Work Phone _____
Second Emergency contact address: _____ City _____ State _____
Relationship to Child _____

Person(s) authorized to pick up my child(Besides parents/guardians or emergency contacts:

#1 _____
#2 _____
#3 _____

(With prior notice from parent/guardian and proper ID only)

Daycare References:

Has your child ever been in daycare before? _____
If so, why did you leave? _____

Name of Previous Provider: _____
Phone number of Previous Provider: _____

Emergency Release

Consent to Emergency First Aid & Transportation

I hereby give my permission that my child may be given emergency treatment by Tiny Tots Academy. I also give permission for my child to be transported by car or ambulance to an emergency center for treatment.

Parent/Guardian Signatures: _____
Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.

Parents/Guardians Signatures: _____
Date: _____



Tiny Tots will not be responsible for paying for the child's health care.

1. Child's Physician: _____

Phone: _____

2. Preferred Hospital: _____

Phone: _____

3. Insurance Company: _____

Policy # _____

4. Regular Medications: _____

5. Medicine allergic to: _____

6. Food Allergies: _____

7. Any other Allergies: _____

8.. Any special health conditions: _____

Photo Release

_____ I GIVE my consent for the use of my child(ren) photo(s) for promotional uses by Tiny Tots Early Learning Facilities; including but not limited to press releases, websites, commercial advertisements, and any printed materials sent out to the public.

_____ I DO NOT GIVE my consent for the use of my child(ren) photo(s) for promotional uses by Tiny Tots Early Learning Facilities. Including but not limited to press releases, websites, commercial advertisements, and any printer material sent out to the public.

Overview Of Care Needs

Number of days per week child care is needed: _____

Days of week care is needed: _____

I will bring my child to day care at: ___ AM/___PM

I will pick up my child: ___ AM/___PM (After hours fee: \$10)

Security deposit of ½ of the tuition plus \$25 Registration Fee.

(This fee will be applied to your child's final bill.)

Parent/Guardian Signatures: I understand that this is a legally document and that it is my responsibility to update this information frequently for the health and safety of my child.

Parent/Guardian: _____ Date: _____

Parent/Guardian _____ Date: _____