



5130 Northlake Blvd.
Palm Beach Gardens, FL 33418
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OFFICE USE ONLY

School Year _____
Class _____
Starting Date _____

REGISTRATION FORM

Non-refundable registration fee must accompany application

Child's Name: _____ Birthday: _____
Age: ____ Years: ____ Months: ____ Sex: ☒ Female ☒ Male Enrollment Date: _____
Child resides with: ☒ Both Parents ☒ Mother ☒ Father ☒ Other
Parents marital status: ☒ Married ☒ Divorced ☒ Separated ☒ Single
Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Home: _____ Cell: _____ Home: _____ Cell: _____
Work: _____ Ext: _____ Work: _____ Ext: _____
Email: _____ Email: _____
Employer's Name: _____ Employer's Name: _____
Occupation: _____ Occupation: _____

Please list two or more local emergency contacts who will be authorized to pick up your child from the facility if you cannot be reached.

Name: _____ Cell: _____ Relation: _____
Name: _____ Cell: _____ Relation: _____
Name: _____ Cell: _____ Relation: _____
Name: _____ Cell: _____ Relation: _____

Child's Physician: _____ Hospital Preference: _____

Does your child have allergies (Check those that apply): ☒ Bee Stings ☒ Fire Ants ☒ Food Groups ☒ Other

How does it manifest itself (Check those that apply): ☒ Asthma ☒ Hay Fever ☒ Hives ☒ Other

Any other medical conditions that we should be aware of: _____

Has your child been in childcare before: _____ Where: _____

Does your child or family attend church: _____ Where: _____

Number of other children in family: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

I understand and approve the use of the Alternate Nutrition Plan.

I agree to provide the following meals and/or snacks to meet my child's nutritional and dietary needs:

*(Mark **P** for Parent Provides or **C** for Center Provides)*

☐

Breakfast

☐

AM Snack

☐

Lunch

☐

PM Snack

☐

Formula

Indicate Special Dietary Requirements: _____

Date: _____

Signature of Parent: _____

I agree to provide the parent with a suggested meal pattern, menu, and to discuss any problems that might develop in the use of the Alternate Nutrition Plan.

Date: _____

Signature of Owner: _____

I attest that all the above information is correct.

Parent's Signature: _____ Date: _____ Witness: _____

