



Acorn Adventure Kids

71-33 162nd St, Fresh Meadow, NY ,11365

Registration Form

For office use only:

Date of Enrollment: _____

Date of Resignation: _____

Personal Information

Full Name of Child: _____

Gender: _____

Date of Birth: _____

Address: _____

Mother's Name: _____

Place of Employment(optional): _____

Home Phone: _____

Work Number: _____

Cell Number: _____

Address (if different from child's): _____

Father's Name: _____

Place of Employment(optional): _____

Home Phone: _____

Work Number: _____

Cell Number: _____

Address (if different from child's): _____

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Persons Authorized to Pick up Child (other than parents listed above)

1) Name: _____ Relationship: _____

Home Number: _____ Work/Cell Number: _____

2) Name: _____ Relationship: _____

Home Number: _____ Work/Cell Number: _____

3) Name: _____ Relationship: _____

Home Number: _____ Work/Cell Number: _____

Emergency Contact (other than parents listed above)

1) Name: _____ Relationship: _____

Home Number: _____ Work/Cell Number: _____

2) Name: _____ Relationship: _____

Home Number: _____ Work/Cell Number: _____

3) Name: _____ Relationship: _____

Home Number: _____ Work/Cell Number: _____

Emergency Health Information

Doctor's Name/Clinic: _____

Phone Number: _____

Address: _____

Child's Care Card Number: _____

Dentist's Name/Clinic: _____

Phone Number: _____

Consent for Emergency Care

I _____ authorize the staff of Acorn Adventure Kids to call a medical practitioner or ambulance in the case of accident or illness of my child, if the parents cannot be reached immediately.

Signature of Parent: _____

Date: _____

Health Information (Please attach a separate sheet if necessary)

1) Regular medication (s) and reasons for (please list): _____

2) Allergies/Reactions and treatment (please list): _____

3) Any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc.) (please list and describe):

4) Any concerns regarding your child's development (behavior, speech, language, mobility, etc.) (please list and describe):

5) Please list any specific care instructions regarding #1-4:

6) Other health care professionals involved in your child's life (Occupational Therapist/Physical Treatment, etc.):

Group Experiences

1) Has your child had previous Daycare experiences? If yes, how did he/she adapt?

2) What is/are your child's favorite toys/activities?

3) How does your child behave around other children (seeks others out, feels shy, etc.)?

Family Information

1) Primary language spoken at home: _____

3) Other languages spoken at home: _____

Any Other Comments

Signature of Parent Providing Information

Parent Signature

Date

Photo Documentation Consent

Documenting the school's activities is a part of our program. From time to time your child's picture may be taken. Pictures taken will be used as displays in the classroom.

I, _____ understand that photos may be taken of my child as they take part in the daily activities at the Acorn Adventure Kids. I give the staff of Acorn Adventure Kids permission to take photos and display in the classroom.

Parent Signature

Date