

# Registration and Insurance Information

## Child's Info

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Ethnicity \_\_\_\_\_ Nickname or Preferred Name \_\_\_\_\_

## Father's Info

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Address \_\_\_\_\_ Village \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Schedule \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other (specify) \_\_\_\_\_

## Mother's Info

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_  
Address \_\_\_\_\_ Village \_\_\_\_\_ Home Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Schedule \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other (specify) \_\_\_\_\_

## Email Info (Primary family email for school to contact if needed no spam)

Email \_\_\_\_\_

\_\_\_\_ Please email my invoice and statement each month.

\_\_\_\_ Please email and print my invoice and statement each month.

\_\_\_\_ Please print my invoice and statement each month.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Authorization to Leave Center—*The following people are authorized to pick up my child*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please list your goals and priorities for you child in our program.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Please continue to Medical and Emergency Section on back)

# Medical and Emergency

Child's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Health Information

Please indicate if your child has had any of the following ailments (indicate date in the space given):

\_\_\_\_\_ Chicken Pox    \_\_\_\_\_ Scarlet Fever    \_\_\_\_\_ Asthma    \_\_\_\_\_ Measles

\_\_\_\_\_ Mumps    \_\_\_\_\_ Rubella    \_\_\_\_\_ Diabetes    \_\_\_\_\_ Seizures

\_\_\_\_\_ Pneumonia    \_\_\_\_\_ Rheumatism    \_\_\_\_\_ Whooping Cough

Are there any ongoing medical problems? Please specify. \_\_\_\_\_

Any long-term medication being taken? \_\_\_\_\_

Any accidents, serious illnesses or operations that we should be aware of? \_\_\_\_\_

Does your child have any special physical or emotional needs? \_\_\_\_\_

Was child exposed to drugs or alcohol abuse in vitro (during pregnancy)? \_\_\_\_\_

Any child abuse in the past (whether suspected or confirmed)? When? \_\_\_\_\_

Has your child ever witnessed domestic violence? When? \_\_\_\_\_

## Emergency Information

Contact Parent \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance # \_\_\_\_\_

Please list the information of two adults other than the parents that we may call in emergency if you are not available:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

*I do hereby authorize officials of the Saipan Seventh-day Adventist Child Development Center to contact directly the persons named above, and do authorize the named physician or his associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents or guardians, other persons named on this card cannot be reached, the Child Development Center officials are hereby authorized to take whatever action is deemed necessary in the judgment for the health of aforesaid child.*

I HAVE READ AND AGREE TO THE STATEMENT AS IT IS WRITTEN:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Getting to know your child!

The following information will be shared with your child's teacher to help us nurture your child successfully.

Child's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Family History

Language(s) spoken in the home \_\_\_\_\_

Family Religion(s) \_\_\_\_\_

## Other People Living in the Home

Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_ Sex \_\_\_ Relationship \_\_\_\_\_

Do you have any family pets? \_\_\_\_\_

## Social History

Has your child ever been in a group setting before? \_\_\_\_\_

Any negative experiences? \_\_\_\_\_

Previous Provider's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Circle the following that apply to your child: Quiet, Spirited, Social, Logical, Emotional

What are their favorite activities? \_\_\_\_\_

Is your child potty-trained (completely or 'in-training')? \_\_\_\_\_

Does your child take a nap? If so, when and for how long? \_\_\_\_\_

What is your child's current routine at home? \_\_\_\_\_

When does your child usually wake up and go to bed? \_\_\_\_\_

What type of discipline is used at home? \_\_\_\_\_ Who disciplines? \_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

Least favorite foods? \_\_\_\_\_

Any food allergies? \_\_\_\_\_

**Additional Information**—Describe your child's personality and interests (as well as anything else you'd like us to know). You know them the best! \_\_\_\_\_

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(Please continue to General Permissions on back)

# General Permission Slip

Child's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Class Activities

Please initial all the following activities that you give your permission for your child. If you do not want your child to participate, write "no":

\_\_\_\_\_ Nature Walks                      \_\_\_\_\_ Body Paints                      \_\_\_\_\_ Teeth Brushing

\_\_\_\_\_ Washable tattoos                      \_\_\_\_\_ Water Play                      \_\_\_\_\_ Park Field Trips

\_\_\_\_\_ Face Painting                      \_\_\_\_\_ Being Photographed

Additional Info or comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Ointments, Soaps, and Medicine

Please initial all the following items that staff may administer at discretion to your child. All items are child safe brands. If an item is not to be administered, write "no":

\_\_\_\_\_ Diaper Ointment                      \_\_\_\_\_ Body Soap                      \_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Baby Oil                      \_\_\_\_\_ Shampoo                      \_\_\_\_\_ Rubbing Alcohol

\_\_\_\_\_ Baby Powder                      \_\_\_\_\_ Lotion                      \_\_\_\_\_ Antibiotic Ointment

\_\_\_\_\_ Vaseline                      \_\_\_\_\_ Sunscreen                      \_\_\_\_\_ Anti-Itch Cream

Additional Info or comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Photo

Please indicate your permission to let the school use your child's photo for publicity purposes for our school.

\_\_\_\_\_ Yes, I grant permission for my child's photo to be published for publicity purposes.

\_\_\_\_\_ No, I don't grant permission for my child's photo to be published for publicity purposes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_