



Noroton Presbyterian
CHILD CARE
REGISTRATION FORM

NPC MEMBER: Y/N _____

CHILD'S AGE _____

M____ F____

CHILD'S NAME _____ BIRTHDATE _____

HOME ADDRESS _____

MOTHER'S NAME _____ MOTHER'S E-MAIL _____

MOTHER'S HOME PHONE _____ WORK _____ CELL _____

MOTHER'S WORK ADDRESS _____

FATHER'S NAME _____ FATHER'S E-MAIL _____

FATHER'S HOME PHONE _____ WORK _____ CELL _____

FATHER'S WORK ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

OTHER SAFE ADULTS TO GO HOME WITH: _____

FAMILY DOCTOR _____ PHONE _____

HOSPITAL PREFERENCE _____

If you, the parents, cannot be reached at the time of an emergency, and if an immediate observation or treatment is urgent in the judgment of the NPCC, do you authorize and direct that your child be accompanied to the hospital or doctor most accessible?

YES _____ NO _____ DATE _____ SIGNATURE _____

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? YES _____ NO _____

If yes, please specify: _____

IS YOUR CHILD ALLERGIC TO ANYTHING? YES _____ NO _____ ALLERGIES _____

ARE THERE ANY MEDICAL CONDITIONS, LEARNING STYLES, FAMILY SITUATIONS,
OR SPECIAL NEEDS YOU FEEL WE SHOULD BE AWARE OF _____

Registration Date: _____	Start Date: _____
Health Form: _____	Emergency Form: _____
Discipline Policy: _____	Parent Handbook: _____
Allergies: _____	