



**SCHOOL AGE BEFORE AND/OR AFTER CARE PROGRAM REGISTRATION**

Child's name: \_\_\_\_\_  
(last) (first) (middle)  
School Attending: \_\_\_\_\_ Grade \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FAMILY INFORMATION:**

Child lives with:  Mother  Father  Other: \_\_\_\_\_  
(check all that apply)

Child's address: \_\_\_\_\_  
street city state zip code

Is either parent's access to the child restricted by a custody order?  no  yes  
If yes, who? \_\_\_\_\_ Please supply a copy of the custody order to the center.

Father/male guardian name: \_\_\_\_\_ SSN: \_\_\_\_\_

Business address: \_\_\_\_\_

Mother/female guardian name: \_\_\_\_\_ SSN: \_\_\_\_\_

Business address: \_\_\_\_\_

Best email address to contact family: \_\_\_\_\_

Siblings (give ages) and others in household (relationship): \_\_\_\_\_

Phone numbers: ( ) \_\_\_\_\_ Mom Dad / home office mobile  
give ( ) \_\_\_\_\_ Mom Dad / home office mobile  
area ( ) \_\_\_\_\_ Mom Dad / home office mobile  
codes! ( ) \_\_\_\_\_ Mom Dad / home office mobile

**CHILD'S MEDICAL AND DEVELOPMENTAL INFORMATION**

List any chronic illnesses, disabilities, allergies (including food allergies), food preferences (i.e. vegetarian), or conditions:

\_\_\_\_\_

Does your child have a medical condition that may require emergency care?  no  yes

Will your child require special medical procedures while in child care?  no  yes

If YES to either question, please complete the back of the **EMERGENCY FORM**.

List any medications taken regularly: \_\_\_\_\_

\_\_\_\_\_

If center will need to administer medications, complete the **STATE MEDICATION AUTHORIZATION FORM**.

Child's medical provider:

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have there been any special influences on your child that we should know about, such as divorce, death in the family, child's or parent/guardian hospitalization?

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Have you had any concerns about your child's development?

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Does your child have any fears? \_\_\_\_\_

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How do you handle discipline at home? What usually causes your child to misbehave, and what is effective in handling problems?

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**\*\*It is imperative that a parent/guardian call or email the center to notify us whenever the child is not attending his/her elementary school that day, or if there are any changes in their schedule due to a school-sponsored event and they will not be attending Little Acorns that day.**

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date