

FOR STAFF USE ONLY  
 DATE OF PRE-ADMISSION CONFERENCE \_\_\_\_\_  
 GIVEN BY \_\_\_\_\_

Leave no blanks or form will be returned to you, delaying registration.



PRESCHOOL AND CHILD CARE CENTER  
 LONG REGISTRATION FORM

Updated: 1/21/25

START DATE \_\_\_\_\_ CHILD'S NAME \_\_\_\_\_

PROGRAM \_\_\_\_\_ DAYS AND HOURS \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_ ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ MOTHER'S CELL PHONE \_\_\_\_\_

MOTHER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ e-mail \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

\*BEST WAY TO CONTACT PARENTS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ FATHER'S CELL PHONE \_\_\_\_\_

FATHER'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ e-mail \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MARITAL STATUS OF PARENTS (CHOOSE ALL THAT APPLY):

MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SEPARATED \_\_\_\_\_ SINGLE PARENT \_\_\_\_\_ LIVING TOGETHER \_\_\_\_\_

NAME OF FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF FAMILY HOSPITAL \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

(IF YOU DO NOT ALREADY HAVE A DENTIST, YOU NEED TO SELECT ONE BEFORE YOUR CHILD MAY BE ENROLLED IN ANY STATE LICENSED PROGRAM. YOU MAY CHOOSE TO USE OUR EMERGENCY DENTAL SERVICES, CHILDREN'S HOSPITAL, BY LETTING US KNOW)

LIST 2 NAMES OF PERSONS THAT ARE EMERGENCY CONTACTS AND ARE AUTHORIZED TO PICK UP YOUR CHILD. THEY MUST BE DIFFERENT FROM PARENT/GUARDIAN, AND YOU MUST LIST 2. PLEASE MAKE SURE THEY KNOW THEY NEED TO SHOW US A DRIVER'S LICENSE.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

IN THE EVENT OF A MEDICAL EMERGENCY AND I CANNOT BE REACHED, I HEREBY AUTHORIZE THE STAFF TO OBTAIN EMERGENCY TRANSPORTATION TO A HOSPITAL. IF NECESSARY, I AUTHORIZE A CERTIFIED STAFF PERSON TO PERFORM CPR AND/OR FIRST AID PRIOR TO THE ARRIVAL OF AN EMT. I HAVE BEEN MADE AWARE OF AND UNDERSTAND THE POLICIES OF TINY TOTS AND LITTLE TYKES, INC. PRESCHOOL AND CHILD CARE PROGRAMS, AND I AGREE TO ABIDE BY THEM. I UNDERSTAND THERE IS A 2 WEEK NOTICE BEFORE WITHDRAWING MY CHILD AND THAT TUITION FOR THE TWO WEEKS IS DUE , REGARDLESS OF WHETHER MY CHILD WILL BE IN ATTENDANCE OR NOT.

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

UNDER NO CIRCUMSTANCE WILL A CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE STAFF WITHOUT PRIOR AUTHORIZATION FROM PARENT/GUARDIAN.

IS THERE ANYONE WHO UNDER NO CIRCUMSTANCES SHOULD PICK UP YOUR CHILD? YES\_\_ NO\_\_ IF SO, PLEASE LIST THE NAME: \_\_\_\_\_

PLEASE TELL US ABOUT YOUR CHILD.....

1. WHAT WOULD YOU LIKE YOUR CHILD TO GAIN FROM THIS PRESCHOOL/CHILD CARE EXPERIENCE? WHAT ARE YOUR EXPECTATIONS FROM THE TINY TOTS STAFF?

2. PLEASE DESCRIBE ANY FACET OF YOUR CHILD'S PERSONALITY AND DEVELOPMENT THAT WOULD HELP US TO KNOW HIM/HER BETTER. LIST SPECIAL APTITUDES, INTERESTS, ETC.

3. HAS YOUR CHILD EVER PARTICIPATED IN ANY CHILD CARE/PRESCHOOL SETTING IN THE PAST? \_\_\_\_\_ IF YES, PLEASE EXPLAIN.

4. IS YOUR CHILD'S BEHAVIOR A PROBLEM FOR YOU AT HOME? \_\_\_\_\_ IF YES, PLEASE EXPLAIN.

5. DOES YOUR CHILD HAVE AN INDIVIUALIZED CARE PLAN? YES OR NO (CIRCLE)

LIST IF YOUR CHILD HAS EVER RECEIVED ANY SPECIAL SERVICES IN THE PAST.

6. PLEASE LIST ANY KNOWN ALLERGIES (TO FOOD, MEDICINES, ETC.) OR LIST ANY FOODS YOUR CHILD CANNOT EAT DUE TO RELIGION OR CULTURAL PRACTICES?

PLEASE LIST ANY OTHER HEALTH PROBLEMS YOUR CHILD HAS OR INFORMATION ABOUT YOUR FAMILY'S HEALTH THAT MIGHT AFFECT THE CHILD'S HEALTH (SUCH AS CHRONIC DISEASES). ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

7. PLEASE LIST THE NAME OF SIBLINGS AND THEIR AGES.

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

8. PLEASE LIST ANY CULTURAL NORMS, TRADITIONS, NEEDS, AND LANGUAGES YOUR FAMILY WOULD LIKE TO SHARE AND THAT WILL HELP US IN COMMUNICATING, EVALUATING, AND ASSESSING YOUR CHILD IN ORDER TO BEST MEET YOUR CHILD'S DEVELOPMENTAL GOALS.

\_\_\_\_\_  
\_\_\_\_\_

Child's Name \_\_\_\_\_

PLEASE INITIAL NEXT TO ALL THAT APPLY BELOW.

I GRANT PERMISSION FOR MY CHILD TO:

\_\_\_\_\_ PARTICIPATE IN WATER PLAY

I GRANT PERMISSION FOR TINY TOTS AND LITTLE TYKES STAFF TO USE THE FOLLOWING PRODUCTS, SUPPLIED BY ME AND LABELED WITH MY CHILD'S NAME:

DIAPER WIPES \_\_\_\_\_

DIAPER CREAM (OVER THE COUNTER) \_\_\_\_\_

SUNSCREEN: Tiny Tots \_\_\_\_\_ OWN \_\_\_\_\_ NONE \_\_\_\_\_

VASELINE \_\_\_\_\_

OTHER \_\_\_\_\_

Note: this form cannot be used for any prescription medication.

RESOURCE EVENT PERMISSION:

My child(ren) has/have my permission to participate in all resource activities at Tiny Tots and Little Tykes, Inc. Child Care Center. These resource events may include visits from: police officers, firefighters, dentists/dental hygienists, STEM events, Bubble Parties with Imagine Music, "Louie the Lightning Bug" (Dakota Electric), Robert & Lynn Halbrook's shows, Magic workshops, Froggy Hops, Kidokinetics, Petting Zoos, Children's Literature, EMT students from Simley High School and more!

Details from each resource event are published in our monthly newsletters in Procure.

Signature \_\_\_\_\_

Date \_\_\_\_\_