

North Shore Early Childhood Center, Inc.
 440 Round Hill Road
 Roslyn Heights, NY 11577



Child Registration Form

Child's Last Name		First Name	() Male () Female
Child's Home Address		Telephone ()	Date of Birth
Name of Person Applying for Child		Please check appropriate <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker/Relative <input type="checkbox"/> Other (specify)	
Address of Person Applying for Child			

Emergency Contacts:

Please indicate at least 3 persons other than yourself.

The people below are persons who are authorized to pick up the enrollee from the center.

Relationship	Full Name	Address (During hours of Day Care)	Telephone
FATHER			
MOTHER			
Physician/Medical Service			

Siblings:

Please list the name, DOB and gender of each sibling of the enrollee.

Name	Date of Birth	Gender

Restrictions:

The person listed below is legally restricted from picking up the enrollee from the center. Authorized center staff must verify having seen the legal document with their initials.

Name	Relationship	Legal Document

Agreement:

- I consent to the enrollment of the child listed above at North Shore Early Childhood Center and have been advised of the policies regarding fees, transportation, food and the services provided by the facility and the New York State Department of Social Services regulations under which it operates.
- I consent for this child to take part in field trips or excursions away from the facility under proper supervision.
- I agree that in case of accident or injury, emergency medical care may be given by the Physician, Nurse, and/or Hospital chosen by the facility, in the event I or person(s) designated as emergency contacts cannot be reached.
- I will provide special information on the reverse side to assist North Shore Early Childhood Center in caring for this child.

Signature – Parent or Legal Guardian	Date
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Medical Record:

Date	Illness or Accident	Description of Accident or Illness

Toilet Training:

Age:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Special Instructions: (diet, habits, religious, etc.)

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Group Setting: Please describe any previous experience(s) in a group setting.

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