

RISING STARS



REGISTRATION PACKET



Rising Stars Enrollment Form



Today's Date		Date Care to Begin
Day(s) of Week Care Needed <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Time(s) (write in beneath the day to which it pertains)		
Child's Full Name		Nickname
Address		
Date of Birth	Place of Birth	Phone
Child Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian		
Marital Status of Parent(s)/Guardian(s): <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent		
Mother's Name and Address		Home Phone Work Phone Cell Phone E-mail
Present Occupation		
Father's Name and Address		Home Phone Work Phone Cell Phone E-mail
Present Occupation		
Guardian's Name and Address		Home Phone Work Phone Cell Phone E-mail
Present Occupation		
Siblings or other children in the household? List names and ages:		
Other adults in the household? List names and relation to child:		
Does your child have previous child care experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates attended and days and hours per week attended:		
Child's Physician		Phone
Physician's Address		
Child's Dentist		Phone
Dentist's Address		

Hospital Preference		Phone
Insurer Name		Policy #
Persons authorized to pick up or drop off your child		
Name	Relation to Child	Phone
Address		
Name	Relation to Child	Phone
Address		
Persons <i>not</i> authorized to pick up and drop off your child		
Name	Relation to Child	Phone
Address		
Name	Relation to Child	Phone
Address		
List any special health conditions or concerns or any unusual fears your child has that you feel we should be aware of:		
Any special eating habits?		
Can your child be relied on to indicate his/her bathroom needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have toilet accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What words does your child use for his/her genitals?		
For elimination?		
What is your child's nature in a group setting?		
What is your child's nature when alone or with family?		
What makes your child angry?		

How do you handle discipline in your home? How do you expect it to be handled in child care?

How do you comfort your child?

What are your child's favorite activities?

Are there any special benefits you wish your child to derive from his/her child care experience?

Is there any other information about your child that would be helpful for staff to know in order to take better care of your child?

*Your child will not be allowed to leave the school without prior authorization from the responsible parent or guardian.

I am enclosing the \$_____ registration fee, which covers registration expenses, the required accident insurance fee, and the purchase of equipment. Please make check payable to: ***RISING STARS***. It is understood that a two-week notice must be given if your child is withdrawn from school.

Parent/guardian signature
