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M-W-F

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Tue-Thu

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After-care

**REGISTRATION FORM****First Parent:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Second Parent:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Medical Information:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency Transportation Authorization:**

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**Allergies/Medical Conditions/Birthmarks**

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

**Emergency Contact/Authorized Pick-up People (in addition to parents)**

#1 Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_

#2 Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Please list anyone NOT authorized to pick up:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Second Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Any custody issues related to this child: \_\_\_\_\_ (If so, the court order must be attached to this form.)

**By signing below, I acknowledge the following:**

1. Payment is due in advance, if payment is not received prior to the week in attendance a \$30.00 late fee will be assessed.
2. Charges of \$1.00 per minute, per child will be assessed if child is here past 6:00 p.m. This fee must be paid prior to child's next day of attendance.
3. Arts Academy is not responsible for any lost or stolen items.

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