

Learn & Play Center
2163 Grand Ave
Baldwin NY 11510

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Website LearnPlayCenter.com

Date of Registration: _____
Start Date: _____

REGISTRATION FORM

CHILD'S INFORMATION:

CHILD'S NAME: _____ NICK NAME: _____
DATE OF BIRTH: _____ SEX: _____
HOME ADDRESS: _____ EMAIL: _____
TOWN: _____ ZIP CODE: _____
HOME PHONE NUMBER: _____ CODE WORD: _____

PARENT/GUARDIAN INFORMATION:

(Give Father's information if he can pickup)

| | |
|-------------------------|-------------------------|
| MOTHER'S NAME: _____ | FATHER'S NAME: _____ |
| HOME ADDRESS: _____ | HOME ADDRESS: _____ |
| HOME PH. NO. : _____ | HOME PH. NO. : _____ |
| OCCUPATION: _____ | OCCUPATION: _____ |
| EMPLOYER: _____ | EMPLOYER: _____ |
| ADDRESS: _____ | ADDRESS: _____ |
| WORK PH NO. : _____ | WORK PH. NO.: _____ |
| CELLULAR PH. NO.: _____ | CELLULAR PH. NO.: _____ |
| BEEPER NO. : _____ | BEEPER NO.: _____ |

If parents are divorced or separated, please indicate and also who the child resides with. _____

FAMILY DOCTOR'S INFORMATION:

DOES YOUR CHILD HAVE ALLERGIES OR ANY OTHER MEDICAL PROBLEMS THAT WE SHOULD BE AWARE OF (SUCH AS; ASTHMA, ALLERGIES, DIABETES, CONVULSIVE SEIZURES): _____

DOES YOUR CHILD TAKE MEDICATION OTHER THAN VITAMINS – Y / N REASON: _____

DOCTOR'S NAME: _____ PHONE NO.: _____

ADDRESS: _____

INSURANCE CO: _____ POLICY I.D. NO. _____

PICK-UP APPROVALS & EMERGENCY CONTACTS: (OTHER THAN PARENTS)

| <u>NAME</u> | <u>RELATIONSHIP TO CHILD</u> | <u>TELEPHONE NUMBERS</u> |
|-------------|------------------------------|--------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

SIBLINGS:

| | | | |
|-------------|-----------|-------------|-----------|
| NAME: _____ | AGE _____ | NAME: _____ | AGE _____ |
| NAME: _____ | AGE _____ | NAME: _____ | AGE _____ |