

# K Silverton Family Learning Center

## REGISTRATION FORM

Child's Name \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent (or guardian) Name: \_\_\_\_\_ Parent (or Guardian) Name: \_\_\_\_\_  
Where employed: \_\_\_\_\_ Where employed: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency (if no parent can be reached), please notify:

\_\_\_\_\_  
(Name) (Address) (Telephone)

### **Statements of Authorization**

I, \_\_\_\_\_ hereby give my permission to the Silverton Family Learning Center to call a doctor or obtain medical/surgical care for my child, \_\_\_\_\_, should an emergency arise. It is understood that a conscientious effort will be made to locate me or my designee before this action is taken. The expense of emergency care will be accepted by us.

\_\_\_\_\_  
(Signature of Parent) (Date)

I give permission for my child to go on excursions and field trips away from the premises of the school, whether on foot or by vehicle. I understand that I will be notified of such trips 3 school days or more in advance.

\_\_\_\_\_  
(Signature of Parent) (Date)

The following person(s) is/are authorized to pick up my child from the center.

\_\_\_\_\_  
(Name) (Phone) Name) (Phone)

\_\_\_\_\_  
(Name) (Phone) Name) (Phone)

\_\_\_\_\_  
Signature of Parent (Date)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**General Health Appraisal For Enrollment**

Describe and chronic physical condition or handicap that your child has: e.g. allergies, drug reactions, diabetes: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone

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

Child's Dentist: \_\_\_\_\_ Phone

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

Permission to apply sunscreen if needed: YES NO

Special Instructions: \_\_\_\_\_

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

**Physician's Signature for Health Appraisal**

\_\_\_\_\_ has been examined by me and has been found to be free from any infectious diseases and may participate in all of the activities of the Silverton Cooperative Preschool. To the best of my knowledge, the child above has received immunizations as appropriate for their current age.

\_\_\_\_\_  
(Physician Signature)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH A CURRENT COPY OF HEALTH CERTIFICATE OF IMMUNIZATION.**

As required by State Licensing, I have read the parent handbook and am aware of the policies and procedures of the Silverton Cooperative Preschool.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Please Tell Us About Your Child: (favorite activities, nicknames, nap habits, appetite, etc.)