



Young Einsteins | Sauquoit, NY | 315-530-3963 | maria@theintelligentchild.org | theintelligentchild.org

9775 Loughlin Road Sauquoit, NY 13456

2021 Child Care Registration Form

General Information

Child's full name _____ Nickname _____ Birthdate _____ Gender: M F
Home Phone _____ Address _____ City _____ Zip _____

Parent or guardian enrolling child: Full name _____ Relationship _____
Daytime phone # _____ Other phone # _____ Place of work _____
Home address & phone (if different from child) _____ Phone _____
E-mail _____ Is this a good way to reach you? Yes _____ No _____

Other Parent or Guardian: Full name _____ Relationship _____
Daytime phone # _____ Other phone # _____ Place of work _____
Home address & phone (if different from child) _____ Phone _____

Other persons In case of an emergency and parent/guardian cannot be reached, please list two other people who can be called for assistance. Select people who live in the area and have transportation. Make sure you discuss their responsibilities as emergency numbers.

Please inform them that they will need to provide a picture I.D. in order to pick up your child:

Name _____ Day time Phone _____ Relationship to child _____
Name _____ Day time Phone _____ Relationship to child _____

Health & Medical

Child's Physician/Source of Medical care _____ Phone _____

Child's Dentist/Source of dental care _____ Phone _____

Does child have any known allergies? Yes _____ No _____ **If yes, documentation must be provided that lists each allergen and states the required response if the child is exposed to the allergen. A doctor's statement is preferred and may be required.**

Current medications _____

Health or dietary restrictions or other pertinent facts: _____
_____ (use other side, if needed)

I need your permission to apply any topical ointments. I will provide first aid cream and antibiotic ointment. Parents should provide other products, diaper cream/sunscreen they wish to be used on their child, but I will keep some backup supplies on hand. Please give or deny your consent by checking an answer for each of the following products:

Sunscreen: Yes _____ No _____ Only What I provide _____ Diaper Ointment: Yes _____ No _____ Only What I provide _____
First Aid/Antibiotic ointment: Yes _____ No _____ Only What I provide _____ Dry skin lotion: Yes _____ No _____ Only What I provide _____

Please answer questions, read agreement and sign below

Yes _____ No _____ I authorize the use of photos and video from the program that include my child (no names are used) in business social media, web page and professional training.

Yes _____ No _____ I consent to listing our phone number in the program's Parent/Child Directory.

By my signature I attest that:

- In case of accident or injury, I authorize my child to be transported by ambulance and to receive any and all emergency medical, dental and/or surgical care and hospitalization advised by the physicians named on this card or at St Elizabeth's Hospital that are necessary for the proper health and well-being of my child;
- I have provided information concerning my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the program as may be necessary to assist the facility in properly caring for my child and in case of an emergency.
- I consent to the enrollment of the child listed above in the above GFDC.

Signature of a custodial parent or guardian

Date

Other parent or guardian signature (optional)

Date