

## **Parentz View Child Care**

## Registration

Admission Date/		Discharge Date	_/_	/
Child's Name	_ Age _	DOB		
Child's Name Preference:		_ Sex (Circle One)	М	F
Is child up to date on shots? Yes No				
Is child on any type of medication? Yes No				
If yes, what is it?				
Does your child have any allergies that we need to be aware of?	Yes	No		
If yes, please explain.				
Is your child potty trained? Yes No				
Do you need help with potty training? Yes No				
Has you child ever been enrolled in day care, preschool or watch time?	ed by a	baby-sitter or nann	y full ti	me or part
Yes No				
If yes, why are they not being cared for anymore by that facility or p	erson?			
Has your child ever been diagnosed with having ADHD, ADD or Au	tism? Is	there any communica	ation pr	oblems?
Yes No				
If yes, please explain.				
Father's Full Name		Phone ( )		

Address			Other Phone()				
City			State		Zip Co	ode	
Father's Place of Employment					Depai	rtment	
Employer's Address				Phone [		]	
Father's Occupation		e	email address _				
Hours at work	to		Days at work				
Mother's Full Name				Phone:	<u></u>	)	
Address			Other	Phone <u></u>		)	
City			State		Zip Co	ode	
Mother's Place of Employment				Departi	ment		
Employer's Address				_Phone (		)	
Mother's Occupation			email address				
Hours at work	to		Days at work				
Parents are (Circle One) Single	Partners	Married	Divorce	d S	Separa	ted	Widowed
Though out the day, I take a ton of pi of the kids and tag the parents. It's a c	great source to h	nelp inclu	ide the families		ceboo	ok, whe	re I post pictures
Please provide the Facebook names:	Father						<u> </u>
No Thank You.	Mother						_
By signing below, you agree that this termination of child care services.	is a legally bind	ing form	. Providing fa	lse infori	mation	n could	result in
Print Father's Name	Father's	s Signatu	re			Date	
Print Mother's Name	Mother	's Signatı	ıre			Date	