



# Child Registration Form

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_  Child Lives With

Cell Phone \_\_\_\_\_  You may text me for non-emergencies  I prefer phone calls only

Email \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_  Child Lives With

Cell Phone \_\_\_\_\_  You may text me for non-emergencies  I prefer phone calls only

Email \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Work Address \_\_\_\_\_

Please list your child's allergies \_\_\_\_\_  
\_\_\_\_\_

No Known Allergies

Please list any medications your child is taking \_\_\_\_\_

No Current Medications

Physical completed on \_\_\_\_\_

Immunization records given to center on \_\_\_\_\_

If your child's religious affiliation is contrary to medical treatment or immunization requirements, you provided the center with a notarized statement on \_\_\_\_\_

I understand that Lucas Off Campus does not provide health insurance and is not responsible for any medical costs incurred due to illness or accidental injury \_\_\_\_\_  
Parent or Guardian signature

Please list child's insurance company \_\_\_\_\_ and insurance # \_\_\_\_\_

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

Address \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Child's Dentist's Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

Address \_\_\_\_\_

In the event of an emergency, the child care provider is authorized to obtain EMERGENCY MEDICAL or DENTAL CARE even if the child care center is unable to immediately make contact with the parents/guardians.  YES  NO

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

Every effort will be made to contact parent/guardian. In any case, I give my permission to secure medical/surgical/dental care in an emergency.

### Emergency Contacts

I understand that I must notify the program in writing if someone other than those listed as Authorized Persons for Pickup will be picking up my child from the program. \_\_\_\_\_ (initial)

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Is there anybody who is *not* allowed to pick up your child?  Yes  No

If yes, I provided the center a copy of the court order on (date)\_\_\_\_\_.

If yes, Name(s) of individuals not allowed to pick up my child \_\_\_\_\_

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Please use the space below to include any additional information about your child that you feel may be helpful to his or her success while enrolled at LOC. Any special accommodations, communication methods, ETC.

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**Field Trips**

By signing below, I give my child permission to attend center-sponsored activities outside of the center. This may include walking, van, car, bus or public transportation.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

**Photo and Social Media Release**

By signing below, I give my permission to photograph and videotape my child while under the care of Lucas Off Campus. Photos and videos may be used in the building and on the business Facebook page.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

I understand and agree with Lucas Off Campus policies and procedures herein stated and as further described in the parent handbook.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

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