



145 Wolf Road • Albany • New York • 12205  
[www.spottedzebra.org](http://www.spottedzebra.org)

## Registration Form – Bizzy Beez

Please print clearly with blue or black ink.

### CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Siblings Names/Ages: \_\_\_\_\_

### PARENT #1 INFORMATION

Parent's Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Pager or Cellular Phone: ( ) \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_

### PARENT #2 INFORMATION

Parent's Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Pager or Cellular Phone: ( ) \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Parent with legal custody \_\_\_\_\_

Other Household Members:

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACTS

(Within a 20 mile radius of preschool other than parent or guardian)

Primary Emergency Contact (other than parents or guardian): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

Secondary Emergency Contact (other than parents or guardian): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

\_\_\_\_\_

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

## ALTERNATE RELEASES

Person (s) authorized to pick up my child: (*must be at least 18 years of age*)

Parent/Guardian  yes  no Parent/Guardian  yes  no

**Name**

**Address**

**Phone/Cell**

1.

2.

3.

## **EMERGENCY RELEASES**

### **Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Spotted Zebra Learning Center. I also give permission for my child to be transported by car, ambulance, or staff's car to an emergency center for treatment, and agree to hold the Spotted Zebra Learning Center, Inc. and its employees harmless.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

### **Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and agree to hold the Spotted Zebra Learning Center, Inc. and its employees harmless.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## **EMERGENCY INFORMATION**

1. Child's Physician: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

2. Child's Dentist: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

3. Preferred Hospital: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

4. Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

5. Regular Medications \_\_\_\_\_

\_\_\_\_\_

6. Medicine allergic to: \_\_\_\_\_

7. Food Allergies: \_\_\_\_\_

8. Other Dietary Restrictions: \_\_\_\_\_

9. Any Other Allergies: \_\_\_\_\_

10. Any special health conditions: \_\_\_\_\_

**OTHER**

The Spotted Zebra relies solely on email for school communication. Please write clearly the email addresses you wish for us to send you information.

Parent's e-mail address:

Parent's e-mail address:

Please initial:

\_\_\_\_\_ I understand that school communication is sent via email only.

If you would like to be included in the Spotted Zebra Learning Center Directory, (name, home address, phone number, e-mail address) then please initial here: \_\_\_\_\_

***Picture Approval***

I give permission for the Spotted Zebra Learning Center to photograph or videotape my child for purposes of: educational & training purposes and/or for the Spotted Zebra website.

\_\_\_\_\_yes\_\_\_\_\_no publicity\_\_\_\_\_yes \_\_\_\_\_no (please initial your choice).

Parent/Guardian Signature\_\_\_\_\_

# DEVELOPMENTAL BACKGROUND

Childs Name: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Does child dress him/her self  yes  no      feed him/her self  yes  no

Is child right or left handed  right handed  left handed

Will child take naps  yes  no      If so, how long? \_\_\_\_\_

Are there any dietary restrictions? \_\_\_\_\_

Describe your child's communication methods/level \_\_\_\_\_

Describe your child's toileting level \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What methods or devices of comforting do you use with your child? \_\_\_\_\_

What method of behavior guidance is used in your home? \_\_\_\_\_

Describe any special services (such as speech therapy, counseling, etc..) that your child receives:

Has your child ever been evaluated and if so, what were the areas of concern? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_