



26 Computer Drive East • Albany • New York • 12205 • (518) 438-4800

Registration Form

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

Mother'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

Father'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*)

Mother/Guardian yes no Father/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.

Father's e-mail address:

Mother'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_____

Sun Block Permission

I give my permission for the Spotted Zebra Learning Center staff to apply sun block to my child to sun exposed areas. I understand that I must provide my own sunscreen (place child's name on bottle).

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? _____