



### REGISTRATION INFORMATION

Please fill out one form for each child you are registering

How did you hear about Country Park? (Please check all that apply)

- Referred by client(s) (name) \_\_\_\_\_  Recommended by \_\_\_\_\_
- Phone book  Internet/web site  Saw sign/drive by  Newspaper ad  TV/radio ad  Sibling attends
- Saw flyer/brochure  CPCC Employee  Other (please specify) \_\_\_\_\_

#### Your Child's Information

<i>First</i>		<i>Middle</i>		<i>Last</i>		<i>Nickname</i>	
<i>Sex M/F</i>	<i>Birthdate</i>		<i>Kindergarten Year</i>	<i>Kindergarten School</i>		<i>School District</i>	
<i>Street Address</i>				<i>City</i>		<i>State</i>	<i>Zip Code</i>
<i>Home Phone</i>			<i>E-Mail Address</i>			<i>Fax Number</i>	

#### Parent/Legal Guardian 1's Information (Invoices and other communications will be addressed to this person)

<i>Title</i>	<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
<i>Relation to Child</i>		<i>Social Security Number</i>		<i>Employer</i>		
<i>Work Phone</i>		<i>Cellular Phone</i>			<i>Pager Phone</i>	

#### Home Information for parent/legal guardian 1 (if different from child's home information)

<i>Street Address</i>		<i>City</i>		<i>State</i>	<i>Zip Code</i>
<i>Home Phone</i>		<i>E-Mail Address</i>			<i>Fax Number</i>

#### Parent/Legal Guardian 2's Information

<i>Title</i>	<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
<i>Relation to Child</i>		<i>Social Security Number</i>		<i>Employer</i>		
<i>Work Phone</i>		<i>Cellular Phone</i>			<i>Pager Phone</i>	

**Home Information for parent/legal guardian 2 (if different from child's home information)**

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Phone</i>	<i>E-Mail Address</i>	<i>Fax Number</i>	

**Sibling Information**

<i>Names and ages of brother(s)</i>	<i>Names and ages of sister(s)</i>
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**Medical Information**

*Does your child require any special medical care? If so, what?*

*Does your child have any allergies? If yes, to what?*

<i>Doctor's Name</i>	<i>Doctor's Phone</i>	<i>Dentist's Name</i>	<i>Dentist's Phone</i>
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<i>In an emergency when you cannot be contacted, who should we call at what number?</i>	<i>Has medical insurance?</i>	<i>Has dental insurance?</i>
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**Other Information**

<i>How did you first hear about Country Park?</i>	<i>If someone referred you, who?</i>
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*Has your child been cared for by anyone other than yourself? If so, please explain*

*Does your child have any special fears or dislikes? If so, what are they?*

*What is your child's typical sleep/nap schedule?*

*What is your child's typical meal schedule? If an infant, bottle times and how many ounces?*

**The following questions are for infants and transitioners only**

<i>Does your child sleep with a favorite toy or blanket?</i>	<i>Does your child enjoy a pacifier?</i>
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# SCHEDULE WORKSHEET

<i>Desired first day of care</i>	<i>Desired Last day of care</i>
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## Desired Weekly Schedule

<b>Day</b>	<b>Arrival Time</b>	<b>Departure Time</b>	<b>Eat CPCC Lunch? (if over 18 months)</b>
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

*Any additional information you wish Country Park's staff to be aware of*

My signature below acknowledges that this is a request to have the above described child cared for by Country Park Child Care Inc. It is not a contract for such care but represents information on which such a contract may be based. My signature also certifies that the above information is correct and complete to the best of my knowledge.

**Parent name (please print)** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_