

Initials of tour staff _____

Classroom Toured _____

Please print

Kid's Haven Registration Form

*Please complete all of the following information below

Tour date: _____ Today's date: _____ Enrollment Date: _____

Child's Name: _____

Date of Birth: _____ Child's Age: _____ Gender: Boy Girl Potty Trained: Yes No

Address: _____ City, State & Zip: _____

Home Phone: _____

Child lives with: _____

Guardian 1's Name: _____

Address: _____ City, State & Zip: _____

Employed by: _____ City: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address (need for Kubby Haven): _____

Guardian 2's Name: _____

Address: _____ City, State & Zip: _____

Employed by: _____ City: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address (need for Kubby Haven): _____

Please circle your families schedule at Kid's Haven: Full-time Part-time Drop-in
*If part-time please circle the days your child will be attending: Mon, Tues, Wed, Thurs, Fri, or Varies

Special Information

Please take the time to tell us any special information about this child.
Please include any allergies, individual diets, cultural differences, and special needs your child may have.
Please also list any special instructions on how to contact the parent in the event of an emergency.

Does your child have an IEP (Individualized Educational Plan) or IFSP (Individual Family Service Plan)?

Yes No

If you answered yes, by state law we will need a copy.

Parental Authorization

Please list below at least 2 people you authorize to pick up your child in addition to parents.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Emergency Contacts

In the event of an emergency and the parent cannot be reached.
Please list **FOUR** people we can contact. **ALL** information must be filled in completely!

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City, State & Zip: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City, State & Zip: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City, State & Zip: _____

Name: _____ Relationship: _____ Phone Number: _____

Address: _____ City, State & Zip: _____

Medical Permission

In the event of an emergency, I give my permission for Kid's Haven staff to call 911 to have my child transported to the nearest medical facility.

Please fill in the following. All information must be filled in completely.

Hospital family uses: _____ Address of Hospital: _____

Doctor family uses: _____ Address of Clinic: _____

Phone number of Clinic: _____ Fax number of Clinic: _____

Dental Source: _____ Phone number of Dental Source: _____

Dental Source Address: _____

Poison Control

In the event of an accidental poison ingestion, I understand that Kid's Haven staff will contact Poison Control. I give permission to Kid's Haven to do what is directed by the authorities at Poison Control or a Physician.

Health Consultant

I give permission for Kid's Haven Health Consultant to have access to my child's file while visiting Kid's Haven.

Non-Prescription Products

I give Kid's Haven permission to administer the following products when brought in by the parent. Sunscreen, Tylenol, or Aspirin free pain reliever, Diaper wipes, Gas drops, Lotions, Creams, Vaseline, and Diaper Cream.

Kid's Haven Handbook

I have received a copy of the Kid's Haven Parent Handbook and understand the policies and procedures. I also grant my permission to the staff of Kid's Haven to take whatever measures are necessary for the care and protection of my child while under the supervision of the center.

Parent Signature: _____ Date: _____

How did you hear about Kid's Haven? _____