

TINY TREASURES PRESCHOOL

180 Wikiup Drive Santa Rosa, CA 95403
(707)544-8469 Lic. #493002686

6170 Montecito Blvd Santa Rosa, CA 95407
(707)539-8469 Lic. #493005083

Registration Card

Start date: _____

Child's Full Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Nickname: _____ Preschool Schedule: _____

Mother's Full Name: _____ Home Phone: _____
Address: _____ Social Security #: _____
City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone _____ ext. _____
Name of Employer: _____ Pager or Cellular Phone: _____
Business Address: _____
Birthdate: _____ E-Mail: _____

Father's Full Name: _____ Home Phone: _____
Address: _____ Social Security #: _____
City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____
Name of Employer: _____ Pager or Cellular Phone: _____
Business Address: _____
Birthdate: _____ E-Mail: _____

Parent/Guardian with legal custody _____
Parents are: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____

Other Household Members:
Name: _____ Age: _____ Relationship _____

Emergency Contacts

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

Primary Emergency Contact (other than parents or guardian) _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

Secondary Emergency Contact (other than parents or guardian) _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: _____ Comment _____

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Name: _____ Comment _____

Name of other school child attends: _____ Phone: _____

Name of any previous schools/daycares child has attended:

Reason for leaving previous childcare:

I _____, understand I will be entering in a code in the computer each day at Tiny Treasures Preschool instead of signing my child _____, in and out. I also understand my code is private and no other person may use my code to sign my child in or out. My code replaces my signature. Any other adult I may have pick up my child will receive his/her own code after following Tiny Treasures Preschool's rules.

(parent or guardian's signature)

(parent or guardian's signature)

Emergency Information

- 1. Child's Physician: _____ Phone: _____
- 2. Preferred Hospital: _____ Phone: _____
- 3. Insurance Company: _____ Policy #: _____
- 4. Regular Medications: _____
- 5. Blood Type: _____
- 6. Medicine allergic to: _____
- 7. Food Allergies: _____
- 8. Any other Allergies: _____
- 9. Any special health conditions: _____

Persons signing contract are responsible for payment:

Parent/Guardian (Mother) _____ Parent/Guardian (Father) _____

I understand this is a legally binding contract, and I have read it and understand it.