



2021 Registration Form

3198 Jodeco Rd.
McDonough, Ga. 30253
404-918-0451

Enrollment Date: _____ Withdrawal Date: _____

Child's full name: _____

Date of Birth: Month _____ Day _____ Year _____ SSN#: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Parent/Guardian #1: _____ Parent/Guardian #2 _____

SSN#: (optional) _____ SSN#: (optional) _____

Home phone: _____ Home phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Place of Employment: _____ Place of Employment: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

In accordance with Alphabet Kids ECLA staff - child ratio must be met at all times. Therefore, it is imperative that arrival and departure times be adhered to. Failure to adhere to your scheduled times will result in late/early fees being charged.

Arrival Time: _____ Departure Time: _____

Emergency contact persons if unable to reach parents:

Name: _____ Home phone: _____

Relationship: _____ Work/cell phone: _____

Name: _____ Home phone: _____

Relationship: _____ Work/cell phone: _____

Is there any person(s) other than yourself, your child may be released to **WITHOUT** written or verbal consent from you, the parent?

(1) Name: _____ Relationship: _____

Address: _____ Driver's License #: _____

(2) Name: _____ Relationship: _____

Address: _____ Driver's License #: _____

(3) Name: _____ Relationship: _____

Address: _____ Driver's License #: _____

Medical Information

Doctor's name: _____

Address: _____ Telephone: _____

City: _____ Postal Code: _____

Insurance Provider: _____ Policy #: _____

Preferred Hospital: _____

Regular Medications: _____ Food Allergies: _____

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 hold our Childcare and its employees harmless.

Date

Signature of Parent/Guardian



1. Does your child have any allergies? No ____ Yes ____

Explain _____

2. Special dietary concerns? _____

3. Any foods disliked? _____

4. Is your child used to daily outdoor play? _____

5. Is your child toilet trained? _____

6. Does your child need any help during toileting routines? _____

7. How does your child indicate the need to use the toilet? _____

8. Has your child ever been hospitalized? If yes, explain? _____

9. Does your child take any medication? no ____ yes ____ explain _____

****Please be prepared to provide evidence of age-appropriate immunizations or a signed affidavit rejecting such immunizations.**

10. Does your child wear a MEDIC ALERT bracelet or necklace? no ____

Yes ____ ID NUMBER _____ PHONE _____

Particulars of your Child

1. Does your child play with children, other than family members? Yes ____ No ____

2. Describe your child's interactions i.e.: shy, outgoing, rough play, talkative, etc.

3. Does your child have any particular fears? _____

4. How does your child handle frustration? _____

5. Do changes in routine or special events upset your child? yes ____ no ____

6. Does your child have any brothers or sisters: Name _____ Age ____

Name _____ Age ____

Name _____ Age ____

Name _____ Age ____

7. Are there any household pets?



8. Is there any other information about your child which you feel we should know in order to understand him/her better (special needs, birth of siblings, recent changes in the home environment etc.) _____

Field Trip Consent

I hereby give my permission for my child to take part in field trips, planned and supervised by the center. I understand that if I don't want my child to attend, all or any specific field trip, I must provide alternate care for my child. Alphabet Kids Early Care & Learning Academy cannot provide care, and fees will not be altered

Date

Signature of Parent/Guardian

Video Photo Consent

I hereby give my permission for my child to be photographed for program advertising reasons only. I understand that if any pictures are taken for reasons other than program advertising, I will be notified in advance, so that my permission may be given.

Date

Signature of Parent/Guardian

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Start date: _____ Class: _____ Weekly Fees: _____

Reviewed by: _____
Staff Name

Date

Date

Signature of Parent/Guardian