Exploring Minds Childcare
Education through Exploration

(443)414-3548 or (443)769-0784
exploringmindschildcare@gmail.com

Exploring Minds Summer Program does not discriminate on the basis of race, color, gender, religion, national origin, class or sexual orientation, and encourages applications from families across the economic spectrum.

Before & Aftercare Registration Form

Child Information

First Name_____   Last Name_____

Male/Female____ Date of Birth_____ Age _____

Address_____

City_____ State_____ Zip Code_____

Telephone # home_____ work_____ cell_____

Parent/Guardian information

Child lives with: __Both parent's __Mother __ Father ___Other (please specify)

Parent/Guardian Name: _____   Parent /Guardian Name: _____

Relationship to child_____   Relationship to child_____

Legal Guardian Yes/No   Legal Guardian Yes/No

Child's Full Name_____

Home Address: _____   Home Address_____

Home telephone #_____   Home telephone #_____

Work telephone #_____   Work telephone #_____

Best number to reach you? _____   Best number to reach you? _____

Email address: _____   Email address: _____

Employer Name: _____   Employer name: _____

School Information

Child's current school: _____ Address: _____

Grade in September 2014_____Is your child in a special education program? Y/N

Health/Medical

Child's pediatrician_____ Address_____

Pediatrician's phone #_____

Insurance_____ Policy #_____

Is your child currently taking any medications? If so please list_____

Please answer the following questions completely. Please enter N/A if any of the below are not applicable.

Asthma _____Yes _____ No

Other significant health conditions:
_____

Allergies: _____No _____ Yes Describe: _____

Special diet/food restrictions_____

Any limitations or concerns_____

Please describe any behavioral difficulties that your child has, e.g. hitting, biting, self-

Child's Full Name_____

injurious behaviors, etc. Please be specific. Withholding information may hinder our ability to handle any crises or challenging situations.

_____ _____

_____

Emergency Information

Emergency Contact Name: _____Phone number: _____

Emergency Contact Name: _____Phone number: _____

Emergency Contact Name: _____Phone number: _____

Person(s) Authorized to pick up child (Must be 18 or Older)

Name: _____Relationship: _____

Name: _____Relationship: _____

Name: _____Relationship: _____

Name: _____Relationship: _____

How did you hear about us? _____ Face book _____Flyer _____Friend _____ School

_____   _____
Parent/Guardian Signature   Date

_____   _____
Parent/Guardian Signature   Date

A non-refundable fee of $25 is due at the time of registration