



Alphabet Acres Daycare Center

3633 W. Lake Ave Suite LL5

Glenview, IL 60026

Phone: 847-657-6207 / Fax: 847-657-8345

website: www.ABC-Acres.com

email: alphabacre@aol.com

General Registration Form

Anticipated Start Date

1-A

Actual Start Date

1-B

Ending Date

1-C

Schedule

Please Select Either
Full or Part Time

☐ Full-Time

☐ Part-Time

Please Check Mon. to Fri. or Check Each Day
of the Week You Are Seeking Childcare

☐ Mon. to Fri.

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

Family Information

Childs Name

Gender

Address

Birth Date

City

State

Zip Code

Information	Father	Mother
Name		
Home Phone #		
Occupation		
Employer		
Work Hours		
Business Phone #		
Cell Phone #		
Pager #		
Other #		

Married, Seperated, Divorced, Widowed or Single Parent

Marital Status

Parent / Guardian with legal custody

PLG

General Registration Form

Other Household Members:

Name	Age	Relationship

Emergency Contacts (other than parents or guardian)

Information	Primary	Secondary
Name		
Relationship		
Phone #		
Other #		
Other #		

Persons Authorized to pick up your child other than parents:

Name	Address	Telephone Number

Medical Care, Emergency First Aid & Transportation Consent

I, , as parent / guardian of , hereby give my permission to Alphabet Acres Inc., by and through its officers, agents, or employees to remove the above minor child from its premises for the purpose of obtaining emergency medical treatment if the need so arises. I further agree that Alphabet Acres is hereby authorized to procure whatever emergency medical treatment that may be necessary, either through a duly licensed physician, dentist and/or a duly accredited hospital or clinic. In case of an emergency, children will be transported to Glenbrook Hospital. It is also understood that I will hold Alphabet Acres harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen within the terms of this agreement shall be left to the sole discretion of Alphabet Acres, Inc.

Signed By _____

Current Date

General Registration Form

Kid Code

(Secret word between parent & child for identification and pick up)

Emergency Information

Questions	Answers
Child's Physician	
Physician's Phone Number	
Preferred Hospital	
Hospital's Phone Number	
Insurance Company	
Insurance Policy Number	
Regular Medications	
Blood Type	
Medicine Allergies	
Food Allergies	
Any Other Allergies	
Any Special Health Conditions	