



**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

**School Age Registration Form**

Anticipated Start Date	Actual Start Date	Ending Date
1-A <input style="width: 100%;" type="text"/>	1-B <input style="width: 100%;" type="text"/>	1-C <input style="width: 100%;" type="text"/>

**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.

Wednesday

Monday

Thursday

Tuesday

Friday

**Family Information**

Childs Name <input style="width: 90%;" type="text"/>	Gender <input style="width: 90%;" type="text"/>
Address <input style="width: 90%;" type="text"/>	Birth Date <input style="width: 90%;" type="text"/>
City <input style="width: 70%;" type="text"/> State <input style="width: 10%;" type="text"/>	Zip Code <input style="width: 90%;" type="text"/>

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

# School Age 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

# School Age 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	