

**KNOWN ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

**Registration Form**  
*The Peanut Garden Playschool*

Child Information:

Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Nickname: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Names and Birth-dates of Siblings:

1. \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_\_\_

2. \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_\_\_

3. \_\_\_\_\_, \_\_\_/\_\_\_/\_\_\_\_\_

Parent/Guardian Information:

1. Relationship to Child: \_\_\_\_\_

2. Relationship to Child: \_\_\_\_\_

Last Name: \_\_\_\_\_,

Last Name: \_\_\_\_\_,

First Name: \_\_\_\_\_ MI \_\_\_\_\_

First Name: \_\_\_\_\_ MI \_\_\_\_\_

Phone Number(s): (please list in the order which should be tried in an emergency and circle to indicate home, work, cell)

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(\_\_\_\_) \_\_\_\_\_ ( H W C P )

(\_\_\_\_) \_\_\_\_\_ ( H W C P )

(\_\_\_\_) \_\_\_\_\_ ( H W C P )

(\_\_\_\_) \_\_\_\_\_ ( H W C P )

(\_\_\_\_) \_\_\_\_\_ ( H W C P )

(\_\_\_\_) \_\_\_\_\_ ( H W C P )

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address:

Home Address:

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City, State \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

Zip \_\_\_\_\_

Employer:

Employer:

\_\_\_\_\_

\_\_\_\_\_

Address:

Address:

Street: \_\_\_\_\_

Street: \_\_\_\_\_

City/State \_\_\_\_\_

City/State \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

**KNOWN ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

Emergency Contact: (emergency contacts will be called in the event that all parents/guardians have been unreachable)

1.

Full Name: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_

2.

Full Name: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Phone Number:(\_\_\_\_\_) \_\_\_\_\_

Authorization for Pick-up:(Your child will be released only to his/her parents/guardians or individuals listed on this form. Please include other family members i.e., siblings, grandparents, etc, significant others, trusted friends. Anyone coming for the first time will be asked to show picture identification before having your child released to them).

1. Full Name: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

3. Full Name: \_\_\_\_\_

4. Full Name: \_\_\_\_\_

**Medical Information:**

Primary Doctor: \_\_\_\_\_

Office Phone: (\_\_\_\_\_) \_\_\_\_\_ ext. \_\_\_\_\_

Pager/After-hours Number: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_ Personal ID #: \_\_\_\_\_

**Medical History:**

Medical conditions/illnesses:

\_\_\_\_\_

**KNOWN ALLERGIES/MEDICAL CONDITIONS:** \_\_\_\_\_

Medications:

\_\_\_\_\_

Immunizations:

**All children MUST have up to date immunization forms on file at The Peanut Garden Playschool.**

**Covid vaccination:** Vaccine received: \_\_\_\_\_

Date of 1st dose: \_\_\_\_\_ Date of 2nd dose: \_\_\_\_\_ Date(s) of booster: \_\_\_\_\_

(Please submit image of vaccination card or screenshot of digital record along with immunization records)

Allergies: (please include ALL known allergies i.e., medicines, food, environmental)

\_\_\_\_\_

Potential Allergies: (please list any caution foods your child has not yet tried and foods or other substances there is a family history of allergies to)

\_\_\_\_\_

**Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at The Peanut Garden Playschool. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold \_\_\_\_\_ and its employees harmless.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Consent to Medical Care and Treatment:**

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 The Peanut Garden and Elena M. Schreiner harmless. Furthermore, I understand that any costs associated with the treatment, care, and transport of my child in such an emergency are my/our sole responsibility and The Peanut Garden Playschool/Elena M. Schreiner will be reimbursed for any out-of-pocket expenses incurred.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Persons signing contract are responsible for full payment as outlined in the Parent Handbook:**

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

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