

Aardvark Child Care - Child Registration Form



335 Cheyney Road, Glen Mills, PA 19342, 610-358-8998

739 Secane Avenue, Primos, PA 19018, 610-622-2324

Today's Date: ____ - ____ - ____

Child's Information

Start Date: ____ - ____ - ____

Last Name Middle First Nickname

Address (street, apt #, city, zip) Home Phone #

Date of Birth: ____ - ____ - ____ Child's Social Security Number: ____ - ____ - ____

School District in Which You Reside Does your child have any special needs or disabilities? Please explain:

Mother/Guardian Information

Social Security Number: ____ - ____ - ____

Mother's/Guardian's Name Home Phone # Cell Phone #

Address (street, apt #, city, zip) E-mail Address

Occupation Place of Employment

Employer Address (street, apt #, city, zip) Work Phone # (If voice mail, also list main #)

Father/Guardian Information

Social Security Number: ____ - ____ - ____

Father's/Guardian's Name Home Phone # Cell Phone #

Address (street, apt #, city, zip) E-mail Address

Occupation Place of Employment

Employer Address (street, apt #, city, zip) Work Phone # (If voice mail, also list main #)



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Medical Information

Preferred Hospital _____
Name Address Phone #

Insurance Company Policy # Name of Insured Parent

Doctor's Name Phone #

Complete Address

Dentist's Name Phone #

Complete Address

General Information

Emergency contact in the event a parent cannot be contacted and child is injured or ill, this is the first person to call:

Name Complete Address & Phone # Relationship to Child

Authorized people who may pick up your child. (other than mother/father) You must advise us in advance in writing or call the center to notify when someone else is picking up your child:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship to Child: _____ Relationship to Child: _____

Authorized people must provide photo ID.

Is there someone with whom your child may **not** leave with? _____

If this is a parent, do you have legal documents to support this? _____

Do we have your permission to:

Use photographs of your child for displays, our website, brochures, etc.? Yes No

Parent's Signature: _____ Date: _____

Admissions, the provisions of services, meals, and referrals shall be made without regard to race, color, religious creed, disability, ancestry, sex, age or national origin (including those with Limited English Proficiency). All meals served to children under the Child and Adult Care Food Program are served at no separate charge regardless of race, color, national origin, sex, age, or disability. Any complaints write within 180 days to USDA Dir. Office of Civil Rights, Washington DC 20250.