

# TINY TREASURES PRESCHOOL

180 Wikiup Drive Santa Rosa, CA 95403  
(707)544-8469 Lic. #493002686

6170 Montecito Blvd Santa Rosa, CA 95407  
(707)539-8469 Lic. #493005083

## Registration Card

Start date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Preschool Schedule: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Pager or Cellular Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Pager or Cellular Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_  
Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Other Household Members:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts

(Within 20 mile radius of daycare other than parent or guardian)

Primary Emergency Contact (other than parents or guardian) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)  
Name: \_\_\_\_\_ Comment \_\_\_\_\_  
\_\_\_\_\_

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)  
Name: \_\_\_\_\_ Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of other school child attends: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of any previous schools/daycares child has attended:  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving previous childcare:  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, understand I will be entering in a code in the computer each day at Tiny Treasures Preschool instead of signing my child \_\_\_\_\_, in and out. I also understand my code is private and no other person may use my code to sign my child in or out. My code replaces my signature. Any other adult I may have pick up my child will receive his/her own code after following Tiny Treasures Preschool's rules.

\_\_\_\_\_  
(parent or guardian's signature)

\_\_\_\_\_  
(parent or guardian's signature)

**Emergency Information**

- 1. Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_
- 4. Regular Medications: \_\_\_\_\_
- 5. Blood Type: \_\_\_\_\_
- 6. Medicine allergic to: \_\_\_\_\_
- 7. Food Allergies: \_\_\_\_\_
- 8. Any other Allergies: \_\_\_\_\_
- 9. Any special health conditions: \_\_\_\_\_

***Persons signing contract are responsible for payment:***

Parent/Guardian (Mother) \_\_\_\_\_ Parent/Guardian (Father) \_\_\_\_\_

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