

Initial Visit: _____

Little Peas of Mind: learn and play...by the day!

Registration Form



Parent/Guardian Information:

Parent(s): _____

Address: _____ City: _____

Cell Phone: _____ Email Address: _____

Home Phone: _____

- Check this box if we may contact you via SMS/text messaging.**

Name	Birthdate	Sex	Hygiene	Allergy	Medication
1.		M/F	Diaper Training Trained	Y N	Y N
2.		M/F	Diaper Training Trained	Y N	Y N
3.		M/F	Diaper Training Trained	Y N	Y N
4.		M/F	Diaper Training Trained	Y N	Y N

Please explain any YES answers from above and/any additional information such as continuous long-term prescriptions, serious injuries, illnesses, hospitalizations or any other information our staff should know.

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In the event of an emergency and I am unable to be reached, I authorize the following persons to pick up my child/children or be contacted for information.

Name	Relationship to Child	Address	Phone Number
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Name	Relationship to Child	Address	Phone Number
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Emergency Medical Contacts:

In the event I cannot be reached, to make arrangements for emergency medical attention at the time of illness or accidents, I authorize Little Peas of Mind Playcare to transport my child to:

Name of Physician	Office Address	Phone Number
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Name of Hospital	Office Address	Phone Number
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Consent for Medical Treatment:

I give consent for Little Peas of Mind Playcare to secure any and all necessary emergency medical care for my child.

Parent Signature

Date

Contact info:

www.littlepeasofmind.com

littlepeasofmind@gmail.com

www.facebook.com/littlepeasofmind

twitter: @littlepeasomind

312.399.9590 (Rachel)

732.673.7348 (Rayna)

