

Terrie's Home Day Care Registration Form

Please print this form and fill out completely. You may email, fax or mail this Registration Form back to the provider if you are interested in starting care for your child, however, placement cannot be guaranteed unless you have confirmed arrangements with the provider and completed an enrollment contract.

Child's Full Name_____ Today's Date_____
Date of Birth_____ Nickname_____
Address_____
Name of Parent(s)_____
Home Address (if different)_____
Mother's Phone Number_____ Work Phone_____
Father's Phone Number_____ Work Phone_____
Date You Would Like to Start Care_____ Requested Days of Care M - T - W - TH - F
Requested Hours of Care _____ Child's Age Years _____Months_____

Has your child had previous experience away from home? Yes ( ) No ( ) If yes explain:_____

How Did You Hear About Us? Friend__ Newspaper__ Website__ Flyer__ Other_____

Would You Like to be Provided with References? Yes_____ No_____

Are you interested in a Preschool Program for your child? (for 2-1/2 years old and up)
_____

Child's Health History

Does your child have any known health problems? Yes ( ) No ( )

Check (v) any of the following illnesses the child has had:

☐Asthma	☐Earaches	☐Mumps	☐Whooping Cough	☐Bronchitis
☐Eczema	☐Pneumonia	☐Polio	☐Chicken Pox	☐Frequent Colds
☐Croup	☐Convulsions	☐Measles	☐Influenza	☐Rheumatic Fever
☐Diphtheria	☐Tonsillitis	☐HIV or Aids	☐Other:_____	

Please list any injuries child has had:_____

Does you child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:_____

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:
_____

Do you have any concerns about your child's development? Yes ( ) No ( ) If yes please comment: _____

Fax to: 770-339-4223 or Mail to: 1105 Treymont Lane, Lawrenceville, GA 30045 Email: terrie_96@hotmail.com