

Evergreen Academy Registration Form

Child's Name _____ **Birth Date** _____

Social Security # _____

Child Primarily Lives With _____

Daycare Schedule Needed _____

#1 Parent Name _____ **Birth Date** _____

Social Security # _____

Home Address _____

Home Phone # _____ **Cell #** _____

Employer _____ **Work phone #** _____

#2 Parent Name _____ **Birth Date** _____

Social Security # _____

Home Address _____

Home Phone # _____ **Cell #** _____

Employer _____ **Work Phone #** _____

Child's Allergies _____

Child's Medications _____

Family Physician _____ **Phone #** _____

Family Dentist _____ **Phone #** _____

Any special concerns of parent regarding child and daycare: _____

I hereby authorize the staff of Evergreen Academy to obtain any medical or surgical treatment of the above named children if parent or guardian cannot be located. I assume financial responsibility for any and all treatment necessary.

Signature of Parent/Guardian _____ **Date** _____

Witnessed by _____ **Date** _____

Health Insurance Co _____ **Group #** _____