

SOUTHLAND PARK LEARNING CENTER

Child's Name _____ Sex _____ Date of Birth _____
Last Name First Name MI

Name you wish your child to be called: _____ Date of Admission _____

Mother's Name _____ <small>Last Name First Name MI</small>	Father's Name _____ <small>Last Name First Name MI</small>
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Address _____ <small>Street Address City Zip Code</small>	Address _____ <small>Street Address City Zip Code</small>
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Home Phone No. _____	Home Phone No. _____
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Place of Employment _____	Place of Employment _____
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Work Phone No. _____	Work Phone No. _____
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Cell Phone No. _____ Carrier.	Cell Phone No. _____ Carrier.
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SSN _____	SSN _____
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DL # _____ State _____	DL # _____ State _____
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Person with whom child lives with: _____

Address: _____

Emergency Contact/release: _____	Home Phone No. _____	Relationship _____
	Work Phone No. _____	
	Cell Phone No. _____	

Southland Park has my permission to release my child to the following individuals:

Name	Phone Number	Name	Phone Number
	Relationship		Relationship

Parent Signature: _____ **Date:** _____

I authorize Southland Park Learning Center to care for my child during the time he/she is in the facility or participating in a facility sponsored field trip and to administer and/or obtain emergency medical treatment for my child in the event that I cannot be reached.

Parent Signature: _____ **Date:** _____

I have received and reviewed a written description of Southland Park Learning Center's program, policies, a copy of community resources and a copy of Southland Park's Emergency Evacuation Policy.

Parent Signature: _____ **Date:** _____

I authorize Southland Park Learning Center to transport my child to/from school.

Parent Signature: _____ **Date:** _____

Child Health Information Section

Please place a check mark to the right on all items or conditions that apply for your child's health condition.

	✓		✓		✓		✓		✓
ALLERGIES NONE NOTED BY PARENT		ALLERGIES FOOD		SPECIAL MEDICAL CONDITIONS		PRESCRIBED MEDICINES		ALLERGIES--MEDICINES	
ALLERGIES ENVIRONMENTAL		BEEF		ACTH DEFICIENCY		ADDERALL		AMOXICILLIN	
		BLACKEYED PEAS		ADD		VYVANCE		AUGMENTIN	
		CHICKEN		ADHD		CONCERTA		AZITHROMYCINE	
ANTS		COTTON SEED		ASTHMA				CEPHLOSPORIN	
BEEES		CRITIC ACID		AUTISM				ERYTHROMYCIN	
CATS		DAIRY PRODUCTS		CAFFEINE RESTRICTION				LEFZILL	
DOGS		EGGS		CONGENITAL HYPOHYROID				OXYCILLIN	
DUST		FAVA BEANS		CYSTIC FIBROSIS				PENICILLIN	
FLOWERS		FOOD DYES		ECZEMA					
FUR		GREEN PEAS		HEARING IMPAIRMENT					
GRASS		MILK		MIGRAINES					
MOLD/MILDEW		ONIONS		PROTEIN DEFICIENCY		SPECIAL DIETARY RESTRICTIONS		ROBITUSSIN	
MOSQUITOS		PEANUTS		SEIZURES		NO PORK-RELIGIOUS		SULFAMATHOXAZOLE	
POLLEN		PEANUT OIL		SPEECH DELAY		VEGETARIAN DIET		SULFUR DRUGS	
TREES		PEPPER		TUBES IN EARS		BEAN OR BEAN BY-PRODUCTS			
FUR		PROTEIN		VISION IMPAIRMENT					
WEEDS		SHELLFISH		G6PD DIGESTIVE DISORDER					
		SOY BEANS				PICKUP RESTRICTION		BITTING	
BABY/HAND WIPES		SQUASH						KICKING	
LATEX GLOVES, BAND.		STRAWBERRIES				PICKUP IS RESTRICTED COURT PAPERS ON FILE		OPPOSITIONAL	
		TOMATO							
		TURKEY MEAT							
		WHEAT							
		MEAT-EXCEPT FISH & PORK						BEHAVIORS	
		COCONUT						HITTING	
		NUTRA SWEET						BITTING	
		TEA						KICKING	
		KIWI						OPPOSITIONAL	

Please list any additional Health information that is not listed above:

Parent Signature: _____

Date: _____

Preferred Hospital: _____

Insurance Carrier: _____

Doctor: _____

Phone No. _____

Dentist: _____

Phone No. _____

I agree to pay the tuition amount of _____ per week in advance.

I understand that Southland Park video tapes the children entering/departing the complex for check in/out, additional security and in some rooms for observation/security purposes and occasionally photographing children for center events. All photography/videos may be used for outside publication/advertisement and reproduction.

Parent Signature: _____

Date: _____

E-mail address: _____

E-mail address: _____

Note: Fill in all lines on both sides of card with required information or write N/A (Not Applicable). **DO NOT** leave any blank lines. Southland Park Learning Center is a dba of Southland Park Day Care Center, Inc.

FOR OFFICE USE ONLY:

On Computer _____, ID Codes _____, Billing Auto _____, Emergency Contacts _____ Reg. Fee _____, School _____, Teacher/Class _____, S.R. Entered _____, S.R. Requested _____, _____, _____, _____