HAPPY MINDS KIDS ACADEMY - REGISTRATION INTAKE FORM

School Year: _____

CHILD's NAME_____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ DATE OF BIRTH: _____ SEX: _____

MOTHER'S NAME: _____ CELL: _____ WORK: _____

FATHER'S NAME: _____ CELL: _____ WORK: _____

Mother's Email: _____ Father's Email:_____

Marital Status of Parents: _____ Is There a Step-Parent: _____ If separated who lives with child: _____

Select Program: Extended Day (7:00 – 5:45) Full Day (8:30 – 3:00) Half Day (8:15 – 12:15) School Age

Select Days: Mon. – Fri. M/W/F T/TH OTHER: _____

Allergy Information: _____

RACIAL IDENTITY:

White: _____ America Indian: _____ Alaskan Native: _____ Asian: _____

Native Hawaiian or Pacific Islander:_____ Black or African American:_____

ETHNIC IDENTITY:

Hispanic or Latino: _____ Non-Hispanic or Latino: _____

EMERGENCY CONTACT INFORMATION

OTHERS AUTHORIZED TO PICK UP AND CARE FOR CHILD IF NEEDED:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PERSON TO CONTACT *OUT OF STATE* IN CASE OF A MAJOR DISASTER IN SOUTHERN CALIFORNIA:

Name: _____ Relationship: _____ Phone: _____

CHILD'S PHYSICIAN: _____
(NAME) (PHONE)

"IN THE EVENT EITHER PARENT OR DESIGNATED PHYSICIAN CANNOT BE REACHED, PERSONNEL OF THE PRESCHOOL ARE AUTHORIZED TO USE THEIR DISCRETION TO SECURE MEDICAL AID."

SIGNATURE: _____ _____
(PARENT OR GUARDIAN) (DATE)

OFFICE USE ONLY: Start Date: _____ Last Day: _____