

# **m**agnanimous Kids Childcare & Learning Center, LLC

## REGISTRATION FORM

DIRECTOR: JESSICA KINSALE

### CHILD INFORMATION:

Admission Date: \_\_\_/\_\_\_/\_\_\_

Discharge Date: \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Nick Name: \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Sex [ ] M [ ] F Last 4 of Social \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Parent Information:

#### Mother/Guardian Information

#### Father/Guardian Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Pager \_\_\_\_\_

Home E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work E-mail \_\_\_\_\_

Siblings / Ages: \_\_\_\_\_

Are your Child's immunizations up to date? Yes ( ) No ( )

If no please explain: \_\_\_\_\_

**Note: SC Immunization Certificate is required**

### Child's Health History

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Check (✓) 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     Tonsillitis     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: \_\_\_\_\_

Is your child prone to any common ailments (upset stomach, frequent colds, allergies, ear infections, sore throats, nose bleeds, diaper rash etc.)? \_\_\_\_\_

Is there any indication of hearing or vision problems? \_\_\_\_\_

Does your child have any physical or mental disabilities? \_\_\_\_\_

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:

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

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Please comment on any other medical information/ or special needs or behaviors I should be made aware of:

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Are there any holidays you **do not** want to participate in? \_\_\_\_\_

Home phone may be given for a reference? Yes / No (Initial) \_\_\_\_\_

### **General Information:**

Are you looking for long-term or short-term care for your child? \_\_\_\_\_

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What are your expectations from MagnanimousKids Childcare? \_\_\_\_\_

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**I agree to promptly notify the Provider of any changes of the above information.**

**This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.**

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Provider/Director Name	Date