



Child Development Centers

MAIN OFFICE
13211 Huebner Road • San Antonio, TX 78230
210-696-5677 • mail@luvncarecenters.com

REGISTRATION FORM

ADMISSION INFORMATION

Date of Registration: Requested First Day of Attendance:

Child's Name: D.O.B: Gender: Male Female

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Child's Home Address:

Hours and Days Child Will be in Care:

Parent/Guardian's Name: Relationship:

Home Phone: Cell Phone:

Address (if different from child's):

Employer: Employer Address:

Work Phone: Email Address:

Marital Status: Last 4 Digits of SS#:

Driver's License Number:

Parent/Guardian's Name Relationship:

Home Phone: Cell Phone:

Address (if different from child's):

Employer: Employer Address:

Work Phone: Email Address:

Marital Status: Last 4 Digits of SS#:

Driver's License Number:

If Applicable:

Stepmother/Stepfather's Name:

Employer: Employer Address:

Work Phone: Cell Phone:

Stepfather's Name:

Employer: Employer Address:

Work Phone: Cell Phone:

Person(s) to contact in case of an emergency (if parents can not be reached):

Name Relationship to child Phone/Cell

Name Relationship to child Phone/Cell

Name Relationship to child Phone/Cell

I hereby authorize Luv-n-Care Child Development Center to release my child ONLY to the following persons, after verification of I.D. Include Parent/Legal Guardians below.

Name Relationship to child Driver Lic # Phone/Cell

Name Relationship to child Driver Lic # Phone/Cell

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AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the facility director or designee to take my child to:

Name of Physician:

Address: _____ Phone Number: _____

Name of Emergency Medical Care Facility:

Address: _____ Phone Number: _____

I give my consent for the facility to secure any and all necessary emergency medical care for my child.

Parent/Legal Guardian Signature

Date

Please list all special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which care giver's should be aware of:

CHECK ALL THAT APPLY:

TRANSPORTATION

I hereby Give Do Not Give

Consent for my child to be transported and supervised by the facilities employees:

For Emergency Care On Field Trips From his/her elementary school to Luv-n-Care

FIELD TRIPS

I hereby Give Do Not Give consent for my child to participate in Field Trips organized by the facility.

Parents Comments: _____

WATER ACTIVITIES

I hereby Give Do Not Give

Consent for my child to participate in Water Activities.

Sprinkler Play Water Activity Pad Swimming Pool Water Table Play

AFTER SCHOOL CARE

My child attends the following school: _____

School Phone Number: _____

His/her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current.
Vision and hearing screening records are also on file.

My child has permission to ride the facility bus to Luv-n-Care Child Development Center

Parent/Legal Guardian Signature

Date

We have received and reviewed the "Parent Handbook" and understand the provisions set forth in this guide.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date