CAMPAGNA EARLY LEARNING CENTER
REGISTRATION FORM

(One form per child)

CHILD'S LAST NAME	FIRST NAME	MI	GENDER	AGE	BIRTH DATE

STREET ADDRESS	CITY	STATE	ZIP	EMAIL

MOTHER/LEGAL GUARDIAN'S NAME	HOME PHONE	WORK PHONE	OTHER PHONE

FATHER/LEGAL GUARDIAN'S NAME	HOME PHONE	WORK PHONE	OTHER PHONE

PERSON RESPONSIBLE FOR FINANCIAL OBLIGATION:	CHILD RESIDES WITH: ( ) BOTH PARENTS ( ) FATHER ( ) MOTHER ( ) OTHER

CHILD'S DOCTOR'S NAME/FAMILY PHYSICIAN	PHONE NUMBER	CHOICE OF HOSPITAL

MEDICAL INSURANCE COVERAGE	POLICY NUMBER	ALLERGIES ( ) YES ( ) NO	EXPLAIN

DOES YOUR CHILD HAVE ANY PHYSICAL OR BEHAVIORAL PROBLEMS? IF SO, PLEASE EXPLAIN

MEDICATION? ( ) YES ( ) NO IF YES, PLEASE EXPLAIN

PLEASE ADD ANY OTHER COMMENTS WHICH MAY BE HELPFUL IN CARING FOR YOUR CHILD
(strongest attributes, traits you would like to see strengthened, limited English proficiency, etc.)

In addition to parents/legal guardians, I authorize only the following people to pick up my child and/or be contacted in an emergency if parents/legal guardians cannot be contacted. **At least two contacts are required**. Please attach additional contact information if needed.

NAME	RELATIONSHIP TO CHILD	CELL NO.	WORK PHONE	HOME PHONE

NAME	RELATIONSHIP TO CHILD	CELL NO.	WORK PHONE	HOME PHONE

By initialing and signing the following waivers, I have read, understand and agree to them voluntarily.

MEDICAL RELEASE WAIVER: In the event of a medical emergency, if the parent/legal guardian, emergency contact persons or child's physician cannot be promptly reached, I authorize The Campagna Center staff to take my child to the nearest hospital or clinic for medical care.	PHOTO/VIDEO WAIVER: I authorize The Campagna Center to use video images or photographs of my child. I agree that the video or photographs become the exclusive property of The Campagna Center and may be used only by The Campagna Center.	TRANSPORTATION AUTHORIZATION: I authorize The Campagna Center staff to provide or contract for my child's transportation between program sites and for field trips.
PARENT/GUARDIAN INITIAL:	PARENT/GUARDIAN INITIAL:	PARENT/GUARDIAN INITIAL:

PARENT/GUARDIAN SIGN HERE: DATE:

I have attached the Tuition Agreement Form and understand my financial obligation:
PARENT/GUARDIAN SIGN HERE:

How did you hear about the Campagna Early Learning Center?

Additional Documents Required for Registration & Enrollment: Child's Birth Certificate, Recent (within past 12-months) Physical Exam, and Current Immunization/Shot Record(s). Parents/Guardians may also be required to submit additional information as needed. The Campagna Center reserves the right to deny attendance in the event of any missing documents.