



AMC CHILD CARE CENTER, INC.
45 ROSE AVENUE
ROOSEVELT, NEW YORK 11575
Tel: (516) 377-7520 / FAX: (516)377 7521

Registration Form

Please print clearly with blue or black ink.

Child's Full Name: _____	Birth Date: _____
Address: _____	Home Phone: () _____
City: _____	State: _____ Zip Code: _____
Nickname: _____	Social Security #: _____
Mother's Full Name: _____	Home Phone: () _____
Address: _____	Social Security #: _____
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: () _____ ext. _____
Name of Employer: _____	Pager or Cellular Phone: () _____
Business Address: _____	City: _____
Work Hours: _____	Driver's License # _____
Father's Full Name: _____	Home Phone: () _____
Address: _____	Social Security #: _____
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: () _____ ext. _____
Name of Employer: _____	Pager or Cellular Phone: _____
Business Address: _____	City: _____
Work Hours: _____	Driver's License # _____

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Emergency Contacts

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: _____ Comment _____

Name: _____ Comment _____

Name: _____ Comment _____

Important Information

Medicine allergic to: _____

Food Allergies: _____

Any other Allergies: _____

Any special health conditions: _____

Is there any disabilities your child may have: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at AMC Child Care Center Inc. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold _____ and its employees harmless.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

If I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold _____ and its employees harmless.

Parent's Signature _____ Date: _____

Permission Slip for Swimming

I _____ give AMC Child Care Center Inc., permission to take my child/children _____ to Roosevelt Pool Park on pool days (Tuesday and Thursday).

Parent's signature _____ Date: _____

Field Trip Permission

I hereby request that my child, _____, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent's Signature: _____ Date: _____

Press Release

I _____ give AMC Child Care Center Inc., the right to take photographs of me and my family. AMC Child Care Center Inc., may use these photographs of my child(children) _____ with or without their names for any lawful purpose, including for purposes as publicity, illustration, advertising, and web content.

Parent's name _____

Parent's Signature _____ Date: _____

Persons signing contract are responsible for payment:

I understand this is a legally binding contract, and I have read it and understand it.

Parent/Guardian (Mother) _____ Parent/Guardian (Father) _____