
Great Beginnings Registration Form

Personal Information:

Child's Full Name: _____ Age: _____ DOB: _____

Child's Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Mother's Home Phone: _____ Father's Home Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Social Security #: _____ Father's Social Security #: _____

Medical Information: I hereby grant permission for the staff of A Sure Foundation to contact the following medical personnel to obtain emergency care for my child if warranted.

Hospital: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Please list any and all allergies, medications, special needs, special dietary needs, or other helpful information about your child: _____

Emergency Contacts: Child may be released only to the custodial parent, legal guardian, or persons listed below with picture ID. If the custodial parent or legal guardian can not be reached the following persons will be contacted and are authorized to remove child from the facility in the case of illness, accident, or emergency:

Name: _____ Hm#: _____ Wk# _____

Name: _____ Hm#: _____ Wk# _____

Name: _____ Hm#: _____ Wk# _____

Name: _____ Hm#: _____ Wk# _____

Name: _____ Hm#: _____ Wk# _____

Florida Statues: I have read and understand the "Know Your Childcare Facility" brochure and the disciplinary practices for this center. I also grant the center permission to transport my child for reasons of field trips, after school programs, or emergencies.

By signing below, I verify that the above information given is true, accurate and complete.

Parent Signature: _____ Date: _____
