



The Children's Center of Stone Oak

18858 Stone Oak Pkwy.
San Antonio, Texas 78258
210.403.0700 • Fax 210.403.2324
www.childrenscenterofstoneoak.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'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 The Children's 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

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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 The Children's Center

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 The Children's Center

Parent/Legal Guardian Signature

Date

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

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date