

3940 California Rd
Orchard Park, NY 14127
716-662-1099



4390 Quinby Dr
Hamburg, NY 14075
716-649-0499

Registration Form

Start Date: _____

Childs Name:	Nickname:
Date of Birth:	Age: Years Months
Home Address:	Town: Zip:
Siblings:	Pets:
Any Allergies or Medical Needs:	

Family Information

Parent/ Guardian's Name: _____ SS# _____

Address (if different from above): _____

Home Phone # _____ Cell Phone # _____ E-Mail _____

Employer's Name _____ Work Phone # _____

Employer's Address: _____

Parent Gaurdian's Name: _____ SS# _____

Address (if different from above): _____

Home Phone # _____ Cell Phone # _____ E-Mail _____

Employer's Name _____ Work Phone # _____

Employer's Address: _____

Care Schedule

Please indicate the approximate drop-off and pick-up times.

Options: Monday thru Friday or Monday/Wednesday/Friday or Tuesday/Thursday

Monday	Tuesday	Wednesday	Thursday	Friday
-	-	-	-	-

Emergency Medical Information

If the above parents/guardians cannot be notified of an emergency or illness the following people will be notified.

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

In the case of an extreme medical emergency, Smarty Pants Childcare will call 911 and your child will be treated on the spot or taken to the nearest hospital.

I hereby authorize Smarty Pants Childcare LLC and their representatives to sign for any emergency care needed for my child while enrolled and utilizing the center. I understand that every effort will be made to contact the parents and/or emergency contacts provided. In the event this is not possible, I accept full responsibility for any expenses incurred.

Parent Signature/ Date

Insurance Provider: _____

Primary Doctor: _____ Phone #: _____

Medications: _____

Any Other Health Concerns: _____

Any Allergies/Sensitivities: _____

Diaper Cream and Sunscreen Permissions

I _____ give my permission for the teachers and staff of Smarty Pants Childcare to apply sunscreen, non-prescription diaper cream and/or ointment to my child, _____ . I understand that I must supply the sunscreen, diaper cream and or ointment and clearly label it with my child's first and last name.

Parent Signature

Date

Napping Agreement

I have read, understand and had an opportunity to ask any questions about the Smarty Pants napping agreement located in the Family Handbook. _____ (initial here)

Photograph Permission

I give my permission for the above child to be photographed for display:

Within the Center ____ Yes ____ No

On Facebook/Instagram ____ Yes ____ No

On Promotional materials ____ Yes ____ No

Ages and Stages Questionnaire

Smarty Pants LLC. uses a screening tool called Ages and Stages Questionnaire. We use this simple questionnaire to help develop our program around the needs of the children in our classrooms. There is more information on this tool in our Parent Handbook. By signing below, you give permission for your child to participate in the program. The staff of Smarty Pants LLC. will complete the questionnaire and you will receive the results once complete.

Parent signature/ Date

The following information will help us enhance and design a program specifically for your child's needs:

Has your child ever been cared for in a group childcare setting? _____

What are your child's special interests? _____

Was your child premature? _____ If so, how many weeks? _____ weeks

Do you have any concerns with your child's development? _____

Does your child currently receive Intervention services? _____ If so, what services do they receive? _____ Does your child have an IEP? ____ If so, can you share it with us? _____ (Please attach)

Are you interested in information on Early Intervention? _____

Please include any other information that you would like us to know about your child and/or family. _____

Authorization for Pick-Up

****In addition to this form, be sure to input any individuals that will be picking up in the Kangaroo Time app.****

Child's Name _____ **Date of Birth** _____

Your child will only be released to the individuals listed below. These individuals must also provide proper ID. Please notify the director if any of the below changes. If someone will be picking up that is not on this list, please give your child's teacher a written notice at drop-off.

Name	Relationship	Phone Number
	Mother/Guardian	
	Father/ Guardian	

If there is a special custody order that involves picking up and/or dropping off, please attach the order to this list.