

Childcare and Pre-School
Center
M-F 6:30am-6:00pm



4390 Quinby Dr.
Hamburg, NY 14075
info@smarpantskiddos.com

Registration Form

Start Date: _____

Door Code: _____

Childs Name:	Nickname:
Date of Birth:	Age: Years Months
Home Address:	Town: Zip:
Phone Number: (Home)-	(Cell)-
Family E Mail Address:	
Mom's/ Guardian's Name :	Dad's Name:
Siblings:	

Authorized Pick-Up list

Please understand that 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.

Name	Relationship	Phone Number
1. _____	Parent/ Guardian	_____
2. _____	Parent/ Guardian	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Please provide a court order if a parent/guardian or anyone else is not able to pick-up your child.

Care Schedule

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

Monday	Tuesday	Wednesday	Thursday	Friday
-	-	-	-	-

Please check next to the meals that we will be serving throughout the day, if your child will be in attendance at those times:

_____ *Breakfast 8:30*

_____ *Lunch 11:30*

_____ *Snack 3:00*

Family Information

Mother's Name: _____ SS# _____

Address (if different from above): _____

Home Phone # _____ Cell Phone # _____

Employer's Name _____ Work Phone # _____

Employer's Address: _____

Father's Name: _____ SS# _____

Address (if different from above): _____

Home Phone # _____ Cell Phone # _____

Employer's Name _____ Work Phone # _____

Employer's Address: _____

Photograph Permissions

I give my permission for the above named child to be photographed for photos to be used:

Please Check One

Within the center ____ yes ____ no

On our Facebook Page ____ yes ____ no

Napping Agreement

I have read (in the Family Handbook) and had the opportunity to ask any questions about Smarty Pants Napping Arrangements. _____ (Initial Here)

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: _____

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

Daily Needs

Infant6: 6 weeks- 2 years

Please label everything with first and last name.

- Bottles- 2 to 3 to keep at the center or if bringing daily- the daily amount
- Breast Milk/Formula- if not using ours
- Receiving Blanket
- 3 sets of extra clothing
- Diapers
- Wipes
- Diaper Cream
- Sunscreen (if applicable)
- Pacifier or any comfort object
- Sneakers for outside play (if applicable)

Toddler- Kinder-Ready: 2-5 years

Please label everything with first and last name

- Blanket
- Change of clothes
- Water Bottle
- Diapers
- Wipes
- Diaper Cream
- Outside clothing
Winter- Snowpants, Boots, Hat, Gloves,
Warm Coat
Summer- Bathing Suit, Towel, Water Shoes
- Sunscreen
- Sneakers