

Please fill out this form, sign it, scan it, and email the file to info@ChildrensNest.com or mail it via postal mail or bring it to the office.

The Children's Nest Preschool and Daycare
1155 Draper Road SW, Blacksburg, VA 24060

Child Registration Form

Child's Name _____ Nickname _____ Sex ____ Birthdate _____
Address _____ Home Phone _____

Parents/Guardians:

Father's Name _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Home Address and Phone (if different from child) _____

Mother's Name _____ Cell Phone _____
Place of Employment _____ Work Phone _____
Home Address and Phone (if different from child) _____

Person(s) or Agency having legal custody of child _____
Home Address _____ Home Phone _____
Business Address _____ Business Phone _____

Emergency Information for Child:

Name of Child's Physician _____ Phone _____
Allergies or intolerance to food medication, etc. _____
Please list any other medical issues (including, but not limited to, any developmental delays, chronic conditions, and any other physical, emotional or cognitive issues) _____

Local Emergency Contacts (if parents/guardians cannot be reached)

	Name	Address	Phone	Relationship to Child
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Person(s) authorized to pick up child _____
Person(s) NOT authorized to visit or pick up child _____
If child attends this center and another school:
Name of School _____ Phone _____ Grade _____

Parent Agreements (please initial)

1. I, the parent/guardian, authorize The Children's Nest Preschool and Daycare to take my child on field trips when feasible. Permission slips will be distributed for parent/guardian to sign before all field trips. _____
2. The Children's Nest Preschool and Daycare agrees to notify the parent/guardian when the child becomes ill and the parent/guardian agrees to pick the child up as soon as possible thereafter. _____
3. I, the parent/guardian, authorize The Children's Nest Preschool and Daycare to obtain immediate medical care if an emergency occurs and I cannot be reached. _____
4. I, the parent/guardians, authorize The Children's Nest to take photographs of my child during daily activities and to post the pictures in the classroom. _____
5. I, the parent/guardian, authorize The Children's Nest and/or their website developer to take pictures of my child during daily activities and post them on The Children's Nest Website. No names will be used. _____

Signature: _____ Date _____
Date Admitted _____ Date Withdrawn _____
Administrator/Director Signature _____ Date _____