



Mrs. Rosie's Home Childcare Service - REGISTRATION FORM

Pennsauken, NJ
 Phone: 856.544.6224 | Email: info@littlerosebudchildcare.com
 www.littlerosebudchildcare.com

CHILD INFORMATION

Child's Full Name:	
Date of Birth:	Age:
Gender:	Ethnicity:
Home Address:	
City, State, ZIP:	
Child's Primary Language:	Additional Language(s):
Enrollment Start Date:	Days/Hours Needed:
Current School/Grade (if applicable):	

PARENT/GUARDIAN 1 INFORMATION

Full Name:	
Relationship to Child:	
Home Phone:	Cell Phone:
Work Phone:	Email:
Home Address (if different from child):	
Employer:	Work Hours:
Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT/GUARDIAN 2 INFORMATION

Full Name:	
Relationship to Child:	
Home Phone:	Cell Phone:
Work Phone:	Email:
Home Address (if different from child):	
Employer:	Work Hours:
Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACTS

Please list two additional emergency contacts (other than parents/guardians):

Emergency Contact 1 - Full Name:	
Relationship to Child:	
Phone Number(s):	
Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact 2 - Full Name:	
Relationship to Child:	
Phone Number(s):	
Authorized to Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MEDICAL INFORMATION

Pediatrician/Doctor Name:	
Doctor's Phone Number:	
Health Insurance Provider:	
Policy/Member ID:	
Does child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list:
Does child have any medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:
Does child take any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Special dietary needs or restrictions:	If yes, list:
Date of last physical exam:	All immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No

DEVELOPMENTAL & BEHAVIORAL INFORMATION

Is your child toilet trained? Yes No In Progress

Does your child have any special needs or require accommodations? Yes No

If yes, please describe: _____

Has your child attended childcare or preschool before? Yes No

Does your child have any behavior concerns we should be aware of? Yes No

If yes, please describe: _____

What are your child's interests and favorite activities?

AUTHORIZATIONS & CONSENT

Emergency Medical Treatment: I authorize Mrs. Rosie's Home Childcare Service to obtain emergency medical treatment for my child if I cannot be reached immediately.

Field Trip Permission: I give permission for my child to participate in field trips and outings supervised by childcare staff.

Photo/Video Release: I give permission for my child to be photographed/videoed for classroom activities and promotional materials.

Sunscreen & Insect Repellent: I authorize staff to apply sunscreen and insect repellent to my child as needed.

Transportation: I give permission for my child to be transported by childcare staff for field trips or emergencies.

Pick-Up Authorization: I understand that only authorized individuals listed on this form will be allowed to pick up my child. Valid ID will be required.

ADDITIONAL INFORMATION

How did you hear about Mrs. Rosie's Home Childcare Service?

Website Social Media Referral Local Search Other: _____

Additional comments, concerns, or information:

PARENT/GUARDIAN SIGNATURE

I certify that the information provided in this registration form is accurate and complete. I understand and agree to comply with all policies and procedures of Mrs. Rosie's Home Childcare Service.

Parent/Guardian 1 Signature:	Date:
Parent/Guardian 1 Printed Name:	
Parent/Guardian 2 Signature:	Date:
Parent/Guardian 2 Printed Name:	



FOR OFFICE USE ONLY

Registration Date:	Processed By:	Tuition Plan:

*Thank you for choosing Mrs. Rosie's Home Childcare Service!
Where Big Futures Begin at Home*