



## 2020-2021 SPICE REGISTRATION FORM

COMPLETE A SEPARATE FORM FOR EACH CHILD

1. **CHILD'S NAME** \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date to begin SPICE program \_\_\_\_\_ School \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ HM Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ WK Phone \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ HM Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ WK Phone \_\_\_\_\_

**CUSTODIAL PARENT:** Mother  Father  Both

2. **EMERGENCY CONTACT INFORMATION** - Anyone that has permission to pick up the child:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**PLEASE DO NOT ALLOW \_\_\_\_\_ TO TAKE CHILD FROM THE SPICE CENTER WITHOUT SPECIFIC PERMISSION.**

3. **MEDICAL INFORMATION** Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CARE CONSENT**

Father  
Mother

I, \_\_\_\_\_ Guardian of, do hereby request and give consent to the Director of SPICE, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when parents cannot be reached. Consent is also given for the Director to transport said child for emergency medical treatment if the parents cannot be reached.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

4. **DISEASE HISTORY** (Circle those that apply)

Mumps    German Measles    Chickenpox    Whooping Cough    Tuberculosis  
Frequent Ear Infection    Defective Heart    Frequent Throat Infection    Measles

Other conditions or comments: \_\_\_\_\_

5. **PLEASE LIST ANY SPECIAL ABILITIES SO THAT WE MAY KNOW HOW TO BEST SERVE YOUR CHILD:**

Physical or emotional problems the child might have:

\_\_\_\_\_

Child's special food needs (Diabetic diet or allergies): \_\_\_\_\_

**SPECIAL PROBLEMS** (Circle those that apply):

Allergies    Temper Tantrums    Diabetes    Frequent Colds    Seizures    Eating    Fainting Spells

Other: \_\_\_\_\_

Favorite games and toys: \_\_\_\_\_

Brothers and Sisters: \_\_\_\_\_

Type of child care used before: \_\_\_\_\_

**PLEASE LIST ANY INFORMATION YOU WOULD LIKE US TO HAVE. ALL INFORMATION IS CONFIDENTIAL:**

\_\_\_\_\_

6. **I, THE PARENT OF THE CHILD, UNDERSTAND THAT I MAY ASK FOR A CONFERENCE WITH THE CARE GIVER(S) AS NEEDED.**

7. **DISCIPLINE POLICY**

The SPICE program uses the methods of discipline as outlined in the SPICE Parent Handbook. I have read and understand the discipline policy of the SPICE program. I give my permission for the SPICE center to use all methods as set out in the policy.

If the parent disagrees with any disciplinary methods as outlined in the policy, please list the method preferred \_\_\_\_\_

**PLEASE NOTE: PHYSICAL PUNISHMENT SHALL NOT BE ADMINISTERED.**

*My signature verifies that I have read the SPICE Parent Handbook, and I have completed this form to the best of my knowledge.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_