

## Prime Time ELC Registration Form

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address \_\_\_\_\_

Parent's mailing address: \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

In case of emergency, please list phone numbers where parents/guardians can be reached while your child is at Prime Time.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

**Individuals picking your child up must be authorized in writing. Phone calls will not work in accordance with State law.** Please list individuals authorized to pick-up your child, **including yourself.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
(parent)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information

Dr: \_\_\_\_\_ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Check if you do not have a preferred doctor/hospital

Health insurance: \_\_\_\_\_ Policy number: \_\_\_\_\_

Date of last exam: \_\_\_\_\_ Date of last tetanus shot (DPT): \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Date of last Dental exam: \_\_\_\_\_

Does your child have any drug allergies? \_\_\_\_\_ If yes: \_\_\_\_\_

Does your child have any specific health problems or food allergies?

\_\_\_\_\_

Is your child currently under a Doctor's care, or taking any medications?

\_\_\_\_\_

Are there any specific fears, likes or dislikes that will help us care for your child?

\_\_\_\_\_

How does your child act when ill? \_\_\_\_\_

Any additional information that will help us better care for your child: \_\_\_\_\_

\_\_\_\_\_

**Please circle location:**

PT @ IPC

PT @ Lowell

**Please circle the care option your child will be using:**

Full-time \$540  
(3-5 days)

Part Time \$325  
(1-2 days)

Mornings \$350

Afternoons \$400

Prime Time has permission to photograph/video my child/family and use material in print and electronically for promotional material and training purposes: \_\_\_\_yes \_\_\_\_no

Prime Time has my permission to walk my child to and from school and on walking field trips to local parks and attractions: \_\_\_\_yes \_\_\_\_no

I authorize Prime Time to provide care for my child. In the event my child is injured or becomes seriously ill and I cannot be reached, I authorize the Prime Time staff to seek medical attention and I authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances. I understand any of the foregoing care will be at my expense.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_