



Early Learning Center of Danbury

31 MIRY BROOK RD, DANBURY, CT 06810
PH 203-942-2225 - FAX 203-300-5348

REGISTRATION FORM

Starting Date _____

REGISTRATION FEE: DATE PD. _____ CK./CASH _____
AMT. PD. _____

NAME OF CHILD _____

CHILD'S ADDRESS _____
LAST FIRST MIDDLE SEX SOCIAL SECURITY #

HOME TELEPHONE _____ STREET CITY STATE ZIP
CELL PHONE #1: _____ CELL PHONE #2: _____

PARENT'S ADDRESS IF DIFFERENT _____
STREET CITY STATE ZIP

PARENT'S TELEPHONE IF DIFFERENT _____
CELL PHONE# _____

CHILD'S BIRTH DATE ____/____/____ CHILD'S PLACE OF BIRTH _____ VERIFIED: YES ____ NO ____
Mo. Day Yr. CITY, STATE/COUNTRY

FATHER/GUARDIAN NAME: _____ OCCUPATION: _____

EMPLOYED AT: _____
COMPANY NAME ADDRESS WORK TEL. NO. _____

Mom, Dad and/or Guardians E-Mail Addresses: _____

MOTHER/GUARDIAN FIRST NAME AND MAIDEN NAME: _____

OCCUPATION: _____ WORK TEL. NO. _____

EMPLOYED AT: _____
COMPANY NAME ADDRESS

PLEASE CHECK ONE: MARRIED _____, SINGLE _____, DIVORCED _____, SEPARATED _____, OTHER _____

LANGUAGES SPOKEN AT HOME: _____ PRIOR SCHOOL ATTENDED _____
REFERRED TO ABCELC BY: _____
(parent, friend, newspaper or telephone ads, etc.)

MEDICAL NOTATIONS: _____
(PLEASE INDICATE ANY HEALTH PROBLEMS SUCH AS ASTHMA, ALLERGIES, DIABETES)

I AM INTERESTED IN EXTENDED DAY CARE: YES _____ 7:30 AM - 5:30 PM - NO _____

FINANCIAL ASSISTANCE CARE-KIDS APPLICATION: YES _____ NO _____ (AYUDA FINANCIERA)

****I UNDERSTAND THAT THE REGISTRATION FEE OF \$75 IS NON-REFUNDABLE IF YOU DECIDE TO WITHDRAW ****

PARENT/GUARDIAN SIGNATURE _____

DATE REGISTERED _____



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Office: 203-942-2225 Fax: 203-300-5348

PERMISSION TO PICK-UP

Child's Name: _____ Sex: Male [] Female [] Date of Birth ____/____/____

I understand that AaBbCc Early Learning Center staff members must be able to contact me while my child is in school, and that it is my responsibility to inform the main office of any changes in the information provided below. In the event of separation or divorce, I understand that AaBbCc Learning Center must release my child to his/her other parent unless they are provided with a Court Order that prevents them from doing so. A copy of the court order must be kept in my child's classroom file.

CONTACT INFORMATION

	Mother/Guardian	Father/Guardian
Full Name		
Home address		
City State, Zip Code		
Preferred Phone		
Work Phone		
Work Hours		
Employer's Name		

Name of Childcare Provider (if applicable) _____

Address: _____ Phone: (____) _____ - _____

In the event that AaBbCc early learning Center staff are unable to contact me, the following person(s) may be contacted and are authorized to pick-up my child from school.

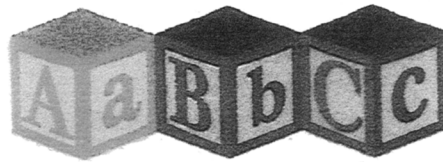
I certify that everyone on this is at least 18 years of age or older.

Emergency Contact Information				
Name	Relationship	Phone	Language	Vehicle to Transport

Parents Name _____ Parents Signature _____

Staff Signature _____

Date that Permission to pick-up was signed: _____



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SUNSCREEN AUTHORIZATION/ REFUSAL

Child's Name: _____ Sex: Male ☐ Female ☐ Date of Birth ____/____/____

Center: _____ Lead Teacher: _____ School Year _____

AUTHORIZATION

☐ I Hereby give permission for **AaBbCc Early Learning Center** staff to apply sunscreen to my child.

Please choose ONE of the following sunscreen options:

☐ Please use the sunscreen I provided: _____
(write name of sunscreen on line)

☐ I do NOT want **AaBbCc Early Learning Center** to apply sunscreen to my child.

Other Comments or Suggestion:

This authorization will remain valid for a maximum of one (1) year from ____/____/____ to ____/____/____

Name of Parent/legal Guardian: _____ Tel: (____) ____ - ____

Signature of Parent/Guardian: _____ Date: ____/____/____

Photo Permission Form

AaBbCc Early Learning Center

I hereby give the AaBbCc Early Learning Center permission to use my or my minor child's likeness in photography for publications, promotional purposes, website, media press releases and coverage, and any other such purpose on behalf of AaBbCc Early Learning Center.

I understand that I, or my minor child (under age 18), will not receive compensation for the use of this likeness in any form.

Child's Name (please print)

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

Date