

**Portland Promise Center
Early Childhood Education
Registration**

Date of Enrollment: _____

CHILD'S INFORMATION

Child's Full Name:	Nickname:
Address (including city, state and zip code):	
Date of Birth:	Gender:
Who does the child live with:	Race:
Has child had previous experience away from home (I.E. daycare, church groups, etc.)? <div style="text-align: center;">Yes No</div> If yes explain:	

Child's Primary Care Physician:	Phone:
Office Address:	
Insurance Company Name:	Member & Policy #:
Preferred Hospital name and phone number:	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name:	Relation:
Cell Phone:	Email:
Employer:	Work Phone:

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EMERGENCY CONTACT INFORMATION

These should be individuals others than the child's parents/guardian.

Full Name:	Relation:
Cell Phone:	Home Phone:
Address (including city, state and zip code):	

Full Name:	Relation:
Cell Phone:	Home Phone:
Address (including city, state and zip code):	

CHILD'S HEALTH HISTORY

Are your Child's immunizations up to date? Yes . . . No

If no, please explain: _____

Note: attach a copy of immunization record from the Health Care Provider

Check any/all of the following illnesses the child has had:

- | | | | | |
|----------|------------|---------------|-------------|----------|
| Asthma | Bronchitis | Pneumonia | Measles | Seizures |
| Frequent | Whooping | Polio Chicken | Diphtheria | Other: |
| Earaches | Cough | Pox Frequent | Tonsillitis | |
| Mumps | Eczema | Colds Croup | Fainting | |

Please list any major hospitalizations and or injuries your child has had:

Does your child have any know allergies? Yes No

If yes, what are they and what are your child's reactions and treatment plan:

Does your child take any medication on a regular basis? Yes No

If yes, please list the name of the medication(s) and the medical condition for which it is taken:

Do you have any concerns about your child's development? Yes No

if yes, please comment: _____

Please comment on any other medical information/ or special needs the childcare provider should be aware of: _____

I authorize the child care provider/staff to obtain the following services for this child if necessary: Public Health Nurse, Physician and or Ambulance in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian)

(Signature of parent/guardian) Please come to the Portland Promise Center to sign.

(Date)

(Signature of Childcare Provider)