

Sunny Days Registration Form

I prefer _____ A.M. or _____ P.M. session

Name of Child: _____
(Last) (First) (Middle)

Name child prefers (*nickname or abbreviation*): _____

Date of Birth (*Month/Day/Year*): _____ E-Mail: _____

Mother's full name: _____ Father's full name: _____

Home Address: _____ Home Phone: _____
_____ Cell Phone: _____

Have either of you had first aid training? _____

Name(s) of other children in household (*Name/Age/Relationship*): _____

Other adults in household (*Name/Relationship*): _____

Does your child have any physical, mental, or emotional handicaps? _____

If "yes", explain: _____

Is your child toilet trained? _____ Does your child tire easily? _____

Does your child excite easily? _____ Is he/she left or right handed? _____

Has your child had any previous experience in a supervised group? _____

If "yes", where and what type? _____

Are there any situations at home (*new baby, recent move, illness, recent loss*) which may be affecting your child? _____ If "yes", please elaborate: _____

What time does your child usually go to bed at night? _____

Does your child take a nap during the day? _____

Has your child been separated for any length of time from you? _____

Does your child have any allergies? _____

