

Registration Date: _____ Immunization Form _____ Allergies _____ Emergency Card _____
Registration Fee: _____



Noroton Presbyterian Church
Tot Drop
Family Friendly Flexible Daycare

NPC TOT DROP REGISTRATION

NPC MEMBER: Y/N _____ CHILD'S AGE _____ M _____ F _____

CHILD'S NAME _____

BIRTHDATE _____ PARENTS E-MAIL _____

PARENTS' NAME(S) _____

PARENTS' HOME PHONE _____ WORK _____ CELL _____

HOME ADDRESS _____
Street Town State Zip

EMERGENCY CONTACT _____ PHONE _____
(Other than parents)

OTHER SAFE ADULTS TO GO HOME WITH: _____

FAMILY DOCTOR _____ PHONE _____

HOSPITAL PREFERENCE _____

If you (the parents) cannot be reached at the time of an emergency, and if an immediate observation or treatment is urgent in the judgment of the Church/Tot Drop staff, do you authorize and direct that your child be accompanied to the hospital or doctor most accessible?

YES _____ NO _____ DATE _____ Parent Signature _____

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? YES _____ NO _____

If yes, please specify: _____

IS YOUR CHILD ALLERGIC TO ANYTHING? YES _____ NO _____

Please list each allergy: _____

ARE THERE ANY MEDICAL CONDITIONS, LEARNING STYLES, FAMILY SITUATIONS,
OR SPECIAL NEEDS YOU FEEL WE SHOULD BE AWARE OF _____

Discussion of Discipline Policy _____ Parent Initials _____
(Date)