

# Giggles & Grins Registration Form



Child's Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Child's Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Text this #: Y / N    DOB: \_\_\_\_\_

List any Allergies to food or medication: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any other Medical Issues: \_\_\_\_\_

Individuals authorized to pick your child up & phone numbers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, & we're unable to reach the parents, please list 2 contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Child's Doctor Info: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist Info: \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Provider & #: \_\_\_\_\_ Copy attached: \_\_\_\_\_

Hospital you would like your child taken to in case of an emergency: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\*\*I, \_\_\_\_\_, give permission to Heather Meacham to call for medical or surgical care for my child, \_\_\_\_\_, should an emergency arise. It is understood that a conscientious effort will be made to get a hold of me before any emergency action is taken, but if I am unable to be contacted, the expenses of emergency medical treatment or care will be accepted/paid by me.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Developmental History

Is your child right or left handed? \_\_\_\_\_ Any speech problems? \_\_\_\_\_

What time does your child wake up in morning? \_\_\_\_\_ Nap? \_\_\_\_\_

What time is bedtime? \_\_\_\_\_ Nightlight? \_\_\_\_\_ Music? \_\_\_\_\_

Does your child sleep well and through the night? \_\_\_\_\_

Do they have nightmares? \_\_\_\_\_ If so, how often? \_\_\_\_\_

What do you feel is the reason for the nightmares? \_\_\_\_\_

\_\_\_\_\_

Things of comfort: \_\_\_\_\_

Things of concern: \_\_\_\_\_

Any fears or traumatic experiences: \_\_\_\_\_

Favorite indoor activities: \_\_\_\_\_

Favorite outdoor activities: \_\_\_\_\_

Stuff you'd like to share about your child ("favorites", quirks, characteristics): \_\_\_\_\_

\_\_\_\_\_

What foods do they like to eat? \_\_\_\_\_

\_\_\_\_\_ What time do they eat:

Breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Snack? \_\_\_\_\_ Dinner? \_\_\_\_\_

Any extreme dislikes? \_\_\_\_\_

Does your child like to play with water? \_\_\_\_\_

What experience does your child have with animals? \_\_\_\_\_

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#### FAMILY INFORMATION

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Does the child live with both parents full time? Y / N If not, please specify: \_\_\_\_\_

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(There is a 4<sup>th</sup> page for step parent information if needed.)

Mom's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Job Information: \_\_\_\_\_  
Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Work #: \_\_\_\_\_ Ext. #: \_\_\_\_\_

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Address \_\_\_\_\_

Dad's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Job Information: \_\_\_\_\_  
Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Work #: \_\_\_\_\_ Ext. #: \_\_\_\_\_

Address \_\_\_\_\_

Other Members of the Household and their relationship to the child:

\_\_\_\_\_

\_\_\_\_\_

What form of discipline is used in your home? \_\_\_\_\_

\_\_\_\_\_

Step-Dad's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Job Information: \_\_\_\_\_  
Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Work #: \_\_\_\_\_ Ext. #: \_\_\_\_\_

Is he authorized to pick up? Y / N

Step-Mom's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Job Information: \_\_\_\_\_  
Job Title \_\_\_\_\_ Company Name \_\_\_\_\_

Work #: \_\_\_\_\_ Ext. #: \_\_\_\_\_

Is she authorized to pick up? Y / N