

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? _____

FAMILY INFORMATION

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

(There is a 4th 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. #: _____

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