

# REGISTRATION PROCEDURES

## CHECKLIST

1. Pick-up the child care enrollment packet and insurance form from Ms. Michelle Gilles in room 2133.
2. Completely fill out and submit the child care application, the insurance application and fee (money order only), and return them to Ms. Michelle Gilles in room 2133.
3. Request Ms. Gilles to schedule a meeting with the Assistant Principal, Dr. Todd S. Meiklejohn to review your application and paperwork prior to program entry.

**NO CHILD IS ALLOWED ENTRY INTO THE PROGRAM WITHOUT ALL COMPLETED PAPERWORK AND ADMINISTRATIVE APPROVAL.**



**NORTH MIAMI ADULT CENTER CHILD CARE APPLICATION**

CHILD'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**MOTHER/GUARDIAN 1**

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS \_\_\_\_\_

**FATHER/GUARDIAN 2**

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET

CITY

ZIP CODE

**CHILD'S HEALTH INFORMATION**

DATE OF CHILD'S LAST PHYSICAL EXAM: \_\_\_\_\_

CHILD'S HEALTH CARE PROVIDER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET

CITY

ZIP CODE

- DOES YOUR CHILD HAVE ANY SPECIAL HEALTH PROBLEMS? (CIRCLE) YES OR NO?

IF YES, PLEASE SPECIFY \_\_\_\_\_

- DOES YOUR CHILD HAVE ANY ALLERGIES, INCLUDING DRUG REACTIONS: (CIRCLE) YES OR NO

IF YES, PLEASE SPECIFY \_\_\_\_\_

- IS YOUR CHILD TAKING ANY PRESCRIBED MEDICATIONS: (CIRCLE) YES OR NO

IF YES, PLEASE SPECIFY \_\_\_\_\_

BY SIGNING THIS APPLICATION, I (WE) HEREBY CERTIFY THAT I HAVE READ ALL PROGRAM RULES, AGREE TO COMPLY WITH ALL PROGRAM RULES, AND I AM (WE ARE) THE SOLE LEGAL GUARDIAN(S) OF THE CHILD BEING REGISTERED.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

(Do Not Write Below This Line)

Application Approved By: \_\_\_\_\_