



Office use only
Registration Fee Paid
Immunizations Provided
Toilet Trained Allergies

Registration Form

Days offered: _____ Monday/Wednesday _____ Tuesday/Thursday

Child's Full Name _____ Age _____

Child's Sex _____ Birth Date ____/____/____ Preferred Name _____

Parents/Guardians _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Mom's Cell _____ Dad's Cell _____

E-Mail _____

Mom's Occupation _____ Work Phone _____

Dad's Occupation _____ Work Phone _____

Name(s) and Age(s) of child's sibling(s) _____

Home church _____

Emergency Contact:

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Hospital of choice _____ Pediatrician _____ Pediatrician phone number _____

Any allergies _____ if yes, please list: _____

Is your child presently on medication? _____ if yes, please list medications _____

Please list any medical or developmental conditions that we need to be aware of: _____

Authorized to Pick up Child

Photo I.D. will be required for alternate pickup persons

Name	Relationship to Child	Phone

Developmental Health History

Eating Habits

At what time does the child eat breakfast _____ lunch _____ Dinner/Supper _____

Can your child feed his/herself _____

What is the child's general attitude toward eating _____

What is your child's favorite food _____

Potty Training

Is your child potty trained? _____ Does your child need assistance using the bathroom? _____

Write N/A (non-applicable) if your child is too young for the following questions to apply.

How well does your child use table utensils (cup, fork and spoon)? _____

How does your child indicate bathroom needs? _____

Word(s) for urination? _____

Word(s) for bowel movement? _____

Special words used by child to describe their body parts _____

What is your child's regular sleeping patterns? _____

Awakes at _____ Naptime _____ Bedtime _____

Does your child use a special comforting item, such as a blanket, stuffed animal, or doll? _____

Anything else we should know regarding your child _____

I wish to enroll my child in Revive PDO. I have completed all forms necessary as well as provided a copy of my child's shot record to be kept on file. The above information about my child is true and accurate, if at any time the information I have provided changes I will notify the program director immediately.

Parent/Guardian Signature _____ Date _____