

Appleseeds Children's Studio Registration Form

Childs Name: \_\_\_\_\_ Childs DOB: \_\_\_\_\_ M F

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

My child will be attending Appleseeds the following days (three minimum): M T W Th F

Please tell us approximate drop off and pick up times: \_\_\_\_\_

\_\_\_\_\_

In which program will your child be attending?

\_\_\_\_\_ Full 12 month program

\_\_\_\_\_ 10 month program

\_\_\_\_\_ Summer Program

\_\_\_\_\_ Before School

\_\_\_\_\_ After School

My child will be participating in Appleseeds breakfast menu: Y N

My child will be participating in Appleseeds lunch menu: Y N

My child will be participating in Appleseeds snack menu: Y N

When is your child's projected start date? \_\_\_\_\_

In the event of an emergency and the parent/guardian cannot be reached, Appleseeds should contact:

Emergency Contact 1

Emergency Contact 2

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Emergency Contact 3

Name: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Relation to child: \_\_\_\_\_

The following individuals have permission to pick up my child when I am not available to do so:

Please list name, phone number and relation to child (these individuals are required to present photo ID)

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

Medical Information

Child's Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address:

\_\_\_\_\_

Please list any existing medical conditions, medication and/or special attention your child may require.

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Does your child take any medication on a daily basis?

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Getting to know your family:

Are there any other children in the household?

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Do you have any concerns regarding your child?

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What are some specific goals you have for your child that we can help your child achieve?

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Is your child potty trained? \_\_\_\_\_

Are there any religious observance restrictions?

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Does your child have any dietary restrictions?

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\*Has your child ever been to preschool/daycare? \_\_\_\_\_ If so, what was your experience? \_\_\_\_\_

Do you mind if we contact your child's previous caregivers? \_\_\_\_\_

I, \_\_\_\_\_, give permission for \_\_\_\_\_ (previous caregiver) to answer questions from Nicole Biengardo, owner of Appleseeds Children's Studio regarding the care s/he gave to my child from \_\_\_\_\_ to \_\_\_\_\_.

How do you comfort your child when he/she is upset?

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When does your child usually take his/her nap(s)?

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Is there anything specific your child needs for naptimes?

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What are some of your child's favorite things? (Games/activities/foods)?

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Is your child able to have special treats on occasions such as birthdays or holidays?

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Please give a brief description of your child's disposition. (Shy, friendly, outgoing etc.)

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Is there anything else you would like us to know about your family/child?

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Please list your email address for special emails:

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Is it ok for your child to be photographed for classroom displays, our website and press/media promotions? Y N

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand my child will need the following for Appleseeds Children's Studio: (please initial)

\_\_\_ Nap gear (nap sheet, blanket, pillow, etc to be brought in on the first day of care for the week and taken home every Friday to be laundered.)

\_\_\_ A refillable water bottle or Sippy cup

\_\_\_ Extra clothes (weather/season appropriate).

\_\_\_ Diapers/Pull-Ups

\_\_\_ I give the staff at Appleseeds Children's Studio to apply sunscreen and topical ointment (Neosporin, Diaper Cream etc.) on my child as needed.

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