



Early Learning Centers

1601 Northwind Blvd.

Libertyville, IL 60048

847.680.4433

Registration Form

Family Information

Child's Name: _____

Sex: _____

Address: _____

City: _____

Zip Code: _____

Birth Date: _____

Father's Name: _____

Home Phone #: _____

Occupation: _____

Employer: _____

Work Hours: _____

Business Phone #: _____

Cell Phone #: _____

Other #'s: _____

Email: _____

Mother's Name: _____

Home Phone #: _____

Occupation: _____

Employer: _____

Work Hours: _____

Business Phone #: _____

Cell Phone #: _____

Other #'s: _____

Email: _____

Marital Status: Married-----Separated-----Divorced-----Widowed-----Single Parent

Schedule

◆ To enable us to prepare staff and plan accordingly, please place a check in front of the appropriate schedule and the appropriate days.

____ Full Time

____ Mornings (6:30 - 12:00)

____ Afternoons (12:00 - 6:00)

____ Before Kindergarten (6:30 - 12:00)

____ After Kindergarten (12:00 - 6:00)

____ Before School (6:30 - 9:00)

____ After School (3:00 - 6:00)

____ Monday

____ Tuesday

____ Wednesday

____ Thursday

____ Friday

Date you would like your child to start: _____

(Over)

◆ Person other than parents to be contacted in case of an emergency:

Name: _____ Relationship: _____
Phone #: _____ Other Phone #: _____

◆ Person other than parents to be contacted in case of an emergency:

Name: _____ Relationship: _____
Phone #: _____ Other Phone #: _____

◆ Persons authorized to pick up your child other than parents:

	<u>NAME</u>	<u>ADDRESS</u>	<u>SIGNATURE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Medical Consent

I, _____, as parent/guardian of _____, hereby authorize Poko Loko Early Learning Center, Inc. by and through its officers, agents, or employees to remove the above minor child from its premises for the purpose of obtaining emergency medical treatment if the need so arises. I further agree that Poko Loko Child Care Center, Inc. is hereby authorized to procure whatever emergency medical treatment that may be necessary, either through a duly licensed physician, dentist and/or a duly accredited hospital or clinic. It is also understood that I will hold Poko Loko Early Learning Center, Inc. harmless for the nature, performance, and outcome of any such emergency medical treatment and that the determination of whether an emergency has arisen within the terms of this agreement shall be left to the sole discretion of Poko Loko Early Learning Center, Inc.

Parent/Guardian: _____ Date: _____

*Password: _____ Pin Number (4 digit): _____

- * The purpose of the password is to provide a secret word which you can disclose to us if the need arises for you to telephone us concerning matters pertaining to your child. For example, parents often call us to inform us that someone like a neighbor will be picking up their child. Since we have no real way of knowing that the person on the other end of the line is really who he/she claims to be, the password provides a solution. You should not disclose the password to anyone, including your children.
- By enrolling my child in Poko Loko Early Learning Center, Inc., I hereby grant Poko Loko Early Learning Center, Inc. permission to photograph my child in a reasonable and professional manner for promotional and advertising purposes, (i.e. picture day, special events, projects, wall hangings, social media, etc.).

To be completed by Poko Loko Staff:

Anticipated Starting Date: _____ Actual Starting Date: _____ Ending Date: _____