

Registration Form

Chief Administrator: Lesley Frost

PANDA Early Education Center, Inc.

1169 South Dupont Highway, New Castle DE 19720; (302) 832-1891

122 East Main Street, Christiana DE 19702; (302) 328-1481

Application Date: _____ Start Date: _____



Child is to be enrolled at the rate of:

(Please fill-in all that applies)

Child's Name		Birth Date:	
1.			
2.			
3.			
Name of Parent or Guardian		Place of Employment	
Father / Step Father:			
Mother / Step Mother:			
Guardian:		E-MAIL:	

Phone Numbers:	
Home:	Work:
Home:	Work:
Other:	Other:
Home Address:	Mailing Address: (if different than home address)
Street	Street
Apt. #	Apt. #
City, State, Zip	City, State, Zip

Information Required If You Intend to Pay By Check:

Name:	DOB:	Name:	DOB:
SSN:		SSN:	
Divers License # and State:		Drivers License # and State:	

ADDITIONAL PERSON(S) DESIGNATED BY PARENT / GUARDIAN AUTHORIZED TO PICK-UP CHILD(REN):

All changes must be in writing and signed by the Parent or Guardian

1.
2.

MEDICAL AND EMERGENCY INFORMATION

Child's Physician	Phone #:
Emergency Contact: (Other than Parent or Guardian)	Phone #:
Insurance Carrier, Insured SSN:	

The parent/guardian normally fills out the medication sign in sheet when dropping of the child in the morning. I _____ (print name) hereby authorize a qualified staff member of Panda Early Education Center to sign in NON PRESCRIPTION medication, as approved via phone conversation. I also understand that the medication sign in sheet will be initialed upon pickup of the child that evening. **Does not apply to prescription drugs or for children under 2 years of age.**

I authorize:

Emergency Medical Care ____ (initial): / **Field Trip Transportation** (when offered and accepted) ____ (initial)

Signature: _____ Date: _____

Please indicate any special needs or other notes: (Use back of sheet if necessary)

I have read and understand the information contained in the Parent Handbook and agree to the policies set forth therein including the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement.

Signature: _____ Date: _____

Copy of License or I.D. for positive identification to be maintained in child's file

How did you hear about us? Yellow pages __, Referral (who) _____
 Web page ____ I saw your signs ____ Other: _____