

**REGISTRATION FORM**

**OFFICE USE ONLY**

Entrance Date \_\_\_\_\_  
Days per week \_\_\_\_\_ MTWHF AM PM  
Reg. and Tuition \_\_\_\_\_  
Teacher \_\_\_\_\_  
Door Code # \_\_\_\_\_

Union Learning Center  
Union Presbyterian Church  
U.S. 42, Union, KY 41091  
859-384-1626

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. # \_\_\_\_\_

Mother's Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. # \_\_\_\_\_

Father's Address \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Family child lives with: Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_\_\_

If parents are divorced, what days do Mother/Father pick up child? \_\_\_\_\_

List Names and Ages of Other Children:

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_\_

Person to be notified in case of illness or injury if parents cannot be reached:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Do you have medical insurance for your child? \_\_\_\_\_

**(OVER)**

Insurance Company \_\_\_\_\_

Identification No. \_\_\_\_\_ Subscribers Name \_\_\_\_\_

Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital (covered under your insurance) \_\_\_\_\_ Phone Number \_\_\_\_\_

Does your child have any special needs physical/mental? \_\_\_\_\_  
\_\_\_\_\_

Left Handed? \_\_\_\_\_ Has child had convulsions or seizures? \_\_\_\_\_

Explain: \_\_\_\_\_

Any food allergy? \_\_\_\_\_ Other Allergy? \_\_\_\_\_

Medication Allergy? \_\_\_\_\_

(Please provide a copy of medical history)

Is your child on any medication? Please list everything, even if the medication is not taken at the Center. \_\_\_\_\_

\_\_\_\_\_  
Name and Place of Employment of Father \_\_\_\_\_ Office Phone Number \_\_\_\_\_

\_\_\_\_\_  
Name and Place of Employment of Mother \_\_\_\_\_ Office Phone Number \_\_\_\_\_

\_\_\_\_\_  
Authorized Escort other than Parent \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Signature (s)

Mother \_\_\_\_\_ Date Signed \_\_\_\_\_

Father \_\_\_\_\_ Date Signed \_\_\_\_\_

Guardian \_\_\_\_\_ Date Signed \_\_\_\_\_

I hereby authorize the day care operator to obtain emergency medical care for my child if necessary.

\_\_\_\_\_  
Signature of Parent

E-Mail Address \_\_\_\_\_

My child's address & phone number may be used for the purpose of a class/school directory for other families enrolled at Union Learning Center.

Yes \_\_\_\_\_ No \_\_\_\_\_ (initial)

Permission to photograph child in classroom setting may be used on UPC/ULC website.

Yes \_\_\_\_\_ No \_\_\_\_\_ (initial) and all ULC publicity / advertising Yes \_\_\_\_\_ No \_\_\_\_\_