UTTC/Child Development Center
Registration Form

Person Completing Child Registration form

_____
Printed Name of Person Completing Form Relationship to Child

_____
Signature of Person Completing Form Date

Child Information

Last Name_____ First _____ Middle_____
Preferred Name (if different than above) _____
Home Phone _____ Gender ☐ Male ☐ Female
Date of Birth _____
Ethnicity (circle one): American Indian Caucasian African American
Hispanic Asian Pacific Islander
Is this child an enrolled member of federally recognized tribe? ☐ Yes ☐ No
Tribal Enrollment Number: _____

Address Information

Child Mailing Address_____ City _____ State __ Zip ____
Street Address (if different) _____ City _____ State __ Zip _____

Parent/Guardian Information

Father's Name _____ Home Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Guardian's Name _____ Home Phone _____ Cell Phone _____

Living Arrangements

(Circle one)

Does this child live in a single-parent household? Yes No

Child currently lives with: Both Parents Mother Only

Father Only Other _____

Emergency Information
(Indicate a local contact other than parent)

Contact 1 _____ Relationship _____
Daytime Phone _____ Type of Phone: Home Work Cell

Contact 2 _____ Relationship _____
Daytime Phone _____ Type of Phone: Home Work Cell

Medical Information

Doctor _____ Phone _____
Dentist _____ Phone _____
Allergies (list) _____
Medications (list type and purpose) _____

Health Conditions (circle and describe any that apply)

Glasses	Diabetes	Seizures	Frequent Ear Infections
Hearing Aids	Ear Tubes	Asthma	Other

Describe:

_____

Has any health condition resulted in an emergency? Yes No
Describe: _____

Photo/Video Release Authorization

I give the child development Center Staff permission to take pictures/video of my child: _____
(Child's Name) ☐ Yes ☐ No

This Section should be completed By Child's Legal Decision Maker

Has your child ever received service(s) for a disability? ☐ Yes ☐ No
If "yes" indicate which service(s) _____

Where were services provided? _____

In case of a medical emergency, and I cannot be reached, I give my child's doctor or any attending physician permission to administer medical treatment. ☐ Yes ☐ No

Date your child will begin attending the Center? _____