

**Red Carpet Kids Child Care**  
131 Franklin Street  
Bloomfield, NJ 07003  
Telephone: (973) 259-1990  
Fax: (973) 259-1647  
[www.RedCarpetKidsChildCare.com](http://www.RedCarpetKidsChildCare.com)

**Registration Form**

Name of Child: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Birth date: \_\_\_\_\_  
Month Day Year

Male  Female

With whom does the child live with? \_\_\_\_\_

What language does your child speak primarily? \_\_\_\_\_

Are there any other languages spoken in your home? \_\_\_\_\_

**PROGRAM**

*A 75.00 non-refundable registration fee will be due prior to enrollment. Payments are due on a weekly basis and will be due every Friday **prior** to the beginning week of school.*

What type of schedule will your child be attending?

- Full Time  
 Part Time (3 days per week)  Part Time (1/2 days morning)  Part Time (1/2 days afternoon)  
 Monday  Tuesday  Wednesday  Thursday  Friday

Who will be responsible for tuition payments?  Mom  Dad  Program for Parents

Has your child previously attended school? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child currently receive additional outside services (occupational therapy, speech therapy, early intervention services) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (must be someone other than parents):

Who should we contact in case of an emergency? \_\_\_\_\_

Relationship to child \_\_\_\_\_

\_\_\_\_\_  
Telephone Address

Is this person on your alternate release list? \_\_\_\_\_

Who should we contact in case of an emergency? \_\_\_\_\_

Relationship to child \_\_\_\_\_

\_\_\_\_\_  
Telephone Address

Is this person on your alternate release list? \_\_\_\_\_

**AUTHORIZATION PICK UP LIST**

1. \_\_\_\_\_  
Name Telephone number  
Relationship to Child: \_\_\_\_\_
2. \_\_\_\_\_  
Name Telephone number  
Relationship to Child: \_\_\_\_\_
3. \_\_\_\_\_  
Name Telephone number  
Relationship to Child: \_\_\_\_\_
4. \_\_\_\_\_  
Name Telephone number  
Relationship to Child: \_\_\_\_\_

**Mother's Information**\_\_\_\_\_  
First Name\_\_\_\_\_  
Last Name\_\_\_\_\_  
Street Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code\_\_\_\_\_  
Home Phone Number\_\_\_\_\_  
Cell Phone

Employment Information

\_\_\_\_\_  
Telephone #:\_\_\_\_\_  
Work Place\_\_\_\_\_  
Address\_\_\_\_\_  
SS#\_\_\_\_\_  
E-mail Address:**Father's Information**\_\_\_\_\_  
First Name\_\_\_\_\_  
Last Name\_\_\_\_\_  
Street Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code\_\_\_\_\_  
Home Phone Number\_\_\_\_\_  
Cell Phone

Employment Information

\_\_\_\_\_  
Telephone #:\_\_\_\_\_  
Work Place\_\_\_\_\_  
Address\_\_\_\_\_  
SS#\_\_\_\_\_  
E-mail Address:**Guardian's Information**\_\_\_\_\_  
First Name\_\_\_\_\_  
Last Name\_\_\_\_\_  
Street Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code\_\_\_\_\_  
Home Phone Number\_\_\_\_\_  
Cell Phone

Employment Information

\_\_\_\_\_  
Telephone #:\_\_\_\_\_  
Work Place\_\_\_\_\_  
Address\_\_\_\_\_  
SS#\_\_\_\_\_  
E-mail Address:\_\_\_\_\_  
Who has legal custody of this child?\_\_\_\_\_  
Telephone #:

**HEALTH CARE INFORMATION**

Child's Primary Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Street

City

State

Zip

Physician Telephone # \_\_\_\_\_

Child's Health Care Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Does your child have any allergies? If so, please list

\_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions?

\_\_\_\_\_

\_\_\_\_\_

Do you have any special concerns about your child that the center should be made aware of?

\_\_\_\_\_

\_\_\_\_\_

Does your child have Asthma?     Yes         No

*If yes, please pick up an Asthma Action Plan to be filled out by the child's physician.*

Please read the list below and let us know if your child has experienced any of the following by choosing yes or no √.

Condition	Yes	No	
Allergies			
Asthma			
Brain concussion			
Cancer			
Change in eating habits			
Chicken pox			
Chronic fatigue/tiredness			
Clumsiness			
Congenital heart disease			
Diabetes			
Lung disease			
Dry cough			
Earache or infection			
Eczema			
Epilepsy or convulsions			
Eye or vision problems			
Foot or ankle problems			
Fractured skull or bones			
Head lice			
Headaches			
Hearing deficiencies			
Heart murmur			
HIV			
Kidney disease			
Lead Poisoning			
Measles			

**GETTING TO KNOW YOUR CHILD**

Describe your child's current sleep schedule

---

---

Does your child drink from a cup or bottle? \_\_\_\_\_

Does your child drink skim milk /breast milk/ soy milk/ whole milk? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ Being potty trained at home? \_\_\_\_\_

Are there any specific moments which make your child angry/frustrated? If yes, please explain

---

---

How do you comfort/ sooth your child?

---

---

Are there any specific skills you would like us to help your child with? \_\_\_\_\_

---

---

When does your child usually have a bowel movement? Describe any problems he/she may be having

---

---

By signing this registration form you are giving RED CARPET KIDS permission to assume responsibility of your child while at the child care center. You are also stating that the information provided on this registration form is true to the best of your knowledge.

\_\_\_\_\_  
**Parent or guardian's signature**

\_\_\_\_\_  
**Date**

# Medical Emergency Authorization Form

I hereby give my/our permission to Red Carpet Kids Child Care to contact a doctor or emergency squad for my child in the event of an emergency or crisis. It is understood that a conscious effort will be made to locate/contact us/me prior to any type of medical action taken, however if that is not possible, the expenses of emergency medical care or treatment will be accepted by me/us.

Child's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(Signature)

➤ **Child's Healthcare Provider/Physician:** \_\_\_\_\_

➤ **Healthcare Provider/Physician Contact Number:** \_\_\_\_\_

➤ **Please list any known allergies the child suffers from currently:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

➤ **Briefly describe a reaction to a allergic reaction you child faces:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Permission for Off-site Walks

Red Carpet Kids recognizes and understands the importance of integrating outside experiences and materials into the classroom education activities. In some instances, teachers and teachers assistants will choose to take their class for walks off the centers site premises. During this time, they will discuss with children things they see, collect objects in nature or use it as an opportunity for exercise. During this time, all classroom teachers and teachers assistants will accompany the children in pairs to ensure safety at all times.

\_\_\_\_\_ I give the staff of Red Carpet Kids Child Care permission to accompany my child during offsite walks during my child's educational experience with Red Carpet Kids.

\_\_\_\_\_ I **do not** give the staff of Red Carpet Kids Child Care permission to participate in outside walks during my child's educational experience with Red Carpet Kids.

---

## Permission to Photograph

Please sign the form below giving us permission to take your child's photograph and utilize it for advertising purposes.

- I GRANT permission
  
- I **DO NOT** GRANT permission

I understand that because my consent to allow Red Carpet Kids to utilize my child's photograph is completely voluntary, I will receive no type of compensation for the use of the photograph(s). By signing below I am agreeing that I am the legal parent/guardian of the minor listed below and I am granting permission for Red Carpet Kids Child Care to photograph and utilize my child's portrait in company portraits and/or website usage.

---

*(Child's name)*

---

*(Parent Signature)*

---

*(Date)*