



**Emergency Contact Information**

(Must be someone other than parents):

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

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

**Authorization Pick Up List**

1. Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

4. Name \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Parent/Guardian Information

### **Mother**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### **Father**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

### **Guardian**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Health Care Information**

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

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

Street

\_\_\_\_\_

City

State

Zipcode

Physician Telephone number \_\_\_\_\_

Policy number

Group number :

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

\_\_\_\_\_

Does your child have any medical conditions/ special concerns that the center should be aware of?

\_\_\_\_\_

\_\_\_\_\_

Does your child have Asthma?

Yes

No

*If yes, please pick up Asthma treatment plan to be filled out by child's physician .*

Please read the following list below and let us know if the child has experiences 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		
Diabetes		
Lung disease		
Dry Cough		
Earache or infection		
Eczema		
Epilepsy or convulsion		
Eye or Vision Problems		
Foot or ankle problems		
Fractured skulls or bones		
Head lice		
Headaches		
Hearing deficiencies		
Heart murmur		
HIV		
Measles		

**Getting to know your child.**

Please allow us to get acquainted with your child a little bit more...

Describe your child's current sleep schedule:

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

Does your child drink milk?  
*If yes, what kind?* \_\_\_\_\_

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

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

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

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How do you comfort/ sooth your child?

Are there any specific skill you would like us to help your child with?

## ***Medical Emergency Authorization Form***

I hereby give my/our child permission to Serendipity Learning Center 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 actions 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:

• **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 your child faces :**

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

## Permission for Off-site Walks

Serendipity Learning Center recognizes and understands the importance of integrating outside experiences and materials into the classroom education activities. In some instances, teachers together with teacher assistants will choose to take their class for nature walks off the center site premises. During this time, they will discuss with children things they see, collect objects in nature that may later be brought up as discussion topics or used for crafts, or simply 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 Serendipity Learning Center permission to accompany my child during offsite nature walks during my child's educational experience at Serendipity Learning Center.

\_\_\_\_\_ I **DO NOT** give the staff of Serendipity Learning Center permission to take my child on nature walks during my child's educational experience at Serendipity Learning Center.

## Permission to Photograph

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

I grant permission

I **DO NOT** grant permission

I understand that my consent to allow Serendipity Learning Center to utilize my child's photograph is completely voluntarily, 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 Serendipity Learning Center to photograph and utilize my child's photograph and utilize my child's portrait in company portraits and/or website usage.

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*(Child's name)*

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*(Parent Signature)*

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*(Date)*



# DIAPER CREAM / OINTMENT CONSENT FORM

Name of child(ren): \_\_\_\_\_

I give permission for Serendipity Learning Center designated staff member(s) to use topical cream/ointment on my child's for diaper rash or other skin conditions. I have used the products previously without any adverse reaction to my child's skin.

Sign and date:

\_\_\_\_\_

I also give the Serendipity Learning Center staff(s) permission to apply sunscreen and insect repellent as needed.

Sign and date:

\_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

I understand that the parent/guardian will provide the above products to be used for my child, and that it will be labeled with his/her name and kept at the center. Furthermore, I understand that I may retrieve the products from the center, at any time, and that the containers will be destroyed either once finish with products or when it expires.

Parent/guardian Name (please print):

Signature of parent/guardian : \_\_\_\_\_

Date:

**Serendipity Learning Center**  
213 Glenridge Ave  
Montclair, NJ 07042  
Telephone: 973-509-0030  
Email: [serendipitymontclair@gmail.com](mailto:serendipitymontclair@gmail.com)

## 2018-2019 Closing calendar

### 2018

Monday, September 3 <sup>rd</sup>	Labor day
Thursday, November 22 <sup>nd</sup>	Thanksgiving
Friday, November 23 <sup>rd</sup>	Day after
Monday, December 24 <sup>th</sup>	Christmas Eve
Tuesday, December 25 <sup>th</sup>	Christmas Day
Monday, December 31 <sup>st</sup>	New Years Eve

### 2019

Tuesday, January 1 <sup>st</sup>	New Years Day
Monday, February 21 <sup>st</sup>	President's Day
Friday, April 19 <sup>th</sup>	Good Friday
Monday, May 27 <sup>th</sup>	Memorial Day
Thursday, July 4 <sup>th</sup>	Independence Day

**Serendipity Learning Center LLC.**

213 Glenridge Ave  
Montclair, NJ 07042  
Telephone: 973-509-0030

Email: [serendipitymontclair.com](mailto:serendipitymontclair.com)

## Registration Sign off

By Signing this registration form you are giving SERENDIPITY LEARNING CENTER permission to assume responsibility of your child while at the center. You are also stating that the information provided on this registration form is true to the best of your knowledge.

Child's name: \_\_\_\_\_

Parent's Print name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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