



THE BRENNER FAMILY **EARLY LEARNING CENTER** REGISTRATION FORM

3301 NORTH FRONT STREET | HARRISBURG PA 17110 | 717-236-9555 | www.jewishharrisburg.org

STUDENT INFORMATION *(Please print)*

Child's #1: _____ DOB *(m/d/y)*: _____

Child's #2: _____ DOB *(m/d/y)*: _____

Address: _____

City/State/Zip: _____

PARENT/GUARDIAN #1 INFORMATION
Last Name <i>(include title)</i> : _____
First Name: _____
Address: _____ _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Business Name: _____
Business Phone: _____

PARENT/GUARDIAN #2 INFORMATION
Last Name <i>(include title)</i> : _____
First Name: _____
Address: _____ _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Business Name: _____
Business Phone: _____

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Emergency medical care: _____ Minor first aid procedures: _____

Walks and trips: _____ Swimming _____

Transportation by the facility: _____ Wading: _____

EMERGENCY CONTACT PERSON(S)

Name:	Phone No. while child is in care:
Name:	Phone No. while child is in care:
Name:	Phone No. while child is in care:

PERSON(S) TO WHOM CHILD MAY BE RELEASED *(other than parent/guardian)*

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

NAME OF CHILD(REN)'S MEDICAL PROVIDER

Name:	Phone:
Address:	

Child #1

Health insurance coverage/MA #

Policy number:

Disabilities (if any):

Allergies (including medical reactions):

Emergency medical/dietary info:

Medication/ Special conditions:

Additional information on special needs:

Child #2

Health insurance coverage/MA #

Policy number:

Disabilities (if any):

Allergies (including medical reactions):

Emergency medical/dietary info:

Medication/ Special conditions:

Additional information on special needs:

Signature of parent/guardian	date:
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Signature of parent/guardian	date:
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