



LITTLE ACORN REGISTRATION FORM

Child's Name:					
	LAST	FIRST	MIDDLE	NICKNAME	
Child's Birth Date	Age	Gender	Child's start date		
Child's Street Address:			City	zip	
GUARDIAN	Name:		LAST	FIRST	Relationship to child
	Home phone	Cell phone	E-mail		SSN #
	Street Address: If diff. from child			City	zip
	Employer:				Work phone
	Name:		LAST	FIRST	Relationship to child
Home phone	Cell phone	E-mail		SSN #	
Street Address: If diff. from child			City	zip	
Employer:				Work phone	
DOCTORS	Family Doctor/Pediatrician:		Phone	Date of Last Exam	
	Dentist:		Phone	Date of Last Exam	
	Preferred Hospital when choice is available:				
CONTACTS	YOU MUST HAVE AT LEAST ONE EMERGENCY CONTACT IN THE EVENT THE CHILD'S GUARDIAN CANNOT BE REACHED THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL (YOU MUST GIVE WRITTEN NOTICE IN PARENT/TEACHER LOGBOOK FOR PICKUP BY ANYONE NOT ON THIS LIST)				
	Name	Relation to Child	Phone #	Alternate phone #	City of Residence
Guardian's signature				Date	