



Registration Form

Child's Name _____ Birthdate _____
Mother's Name _____
Father's Name _____

Contact Information

Address _____
Street _____ City/State _____ zip _____
Email _____ Home Phone _____
Cell Phone _____ Mother's number during PALS _____
Father's Number during PALS _____

Medical Information

Child's Physician _____ Phone _____
Allergies _____
Food Restrictions _____

Emergency Contacts: Please list two people, other than parents, to notify in an emergency

Name _____ Phone _____
Name _____ Phone _____

Release Information

Your child will be released to only authorized persons listed on this form, parents & emergency contacts, listed above. Please give the name/phone number of any additional people who may pick up your child.

Name _____ Phone _____
Name _____ Phone _____

PALS Attendance

I want my child to attend PALS on Monday _____ Tuesday _____ Wednesday _____ Friday _____
Children under 2 years old may attend only one or two days per week.
I will work one day per month in order to pay the reduced co-op tuition _____

Additional Information

Child's favorite toys_____

Child's favorite types of play_____

Child's dislikes or fears_____

Father's Employment_____Phone_____

Type of work_____

Mother's Employment_____Phone_____

Type of work_____

Parent's marital status (circle one): married single divorced separated widowed

Names of siblings and ages_____

Names of anyone else who lives at your home and their relationship to your child_____

Where is your child on weekdays when they are not at PALS? Please check all that apply:

At home with mom/dad_____ With a grandparent/other relative_____

Daycare_____ Other_____ Please explain_____

Is there anything else we should know about your child/family in order to meet your needs?

Emergency Consent:

Our policy is to notify a parent when a child is ill or needs medical attention. If an emergency arose and your child needed medical care, and we could not reach you, we would take your child to the emergency room at Floyd Medical Center. Please sign below so we can take appropriate action on behalf of your child.

I hereby give my/our consent for my/our child, _____, when ill/injured, to be taken to the emergency room at Floyd Medical Center by the staff of PALS when I/we cannot be contacted. I consent to an ambulance being called to transport my child, if necessary. I further agree to pay all costs incurred for care and transport.

I have read the PALS brochure and understand that PALS is not required to be licensed by the State of Georgia. And that PALS complies with all zoning, fire and health department requirements.

Parent/Guardian Signature_____Date_____

Parent/Guardian Signature_____Date_____