

*Huckleberry Cheesecake*  
*Child Development Center*

**REGISTRATION FORM**

**Application Date:** \_\_\_\_\_ **Desired Start Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Lives with:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Number of Siblings:** \_\_\_\_\_ **Ages:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**PARENT'S Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**PARENT'S Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **OfficePhone:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**GUARDIAN'S Name** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON if parent cannot be reached:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_

**Persons Authorized to Pick Up Child/Visit Center**

Name	Day Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Authorization for Emergency Medical Treatment**

In the event that my child becomes ill or involved in an accident and I cannot be contacted, I authorized the following hospital or physician to provide required medical emergency treatment:

**Hospital:** George Washington University Hospital \_\_\_\_\_

**Address:** 900 23rd Street, NW Washington, DC 20037 \_\_\_\_\_ **Phone:** (202)715-4000 \_\_\_\_\_

**Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I give Huckleberry Cheesecake permission to transport my child for such care or to seek professional transport service. I accept responsibility for any necessary expense incurred in the medical treatment of my child which is not covered by the following health insurance.

**Health Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Type of Coverage:** \_\_\_\_\_

**Child's known allergies or physical condition:** \_\_\_\_\_

**Authorization for Field Trips/Outing Participation**

I give my permission to include my child on any field trips or outings which may be taken in conjunction with Huckleberry Cheesecake programs. I understand that such field trips and outings may involve the use of public transportation, and that I will be notified of such field trips or outings in advance.

I understand that it is part of Huckleberry Cheesecake's programs that all children participate in some form of daily outdoor activity, weather permitting.

**Non-Solicitation**

The Parent shall not, from the date of this contract until one year after expiration of this contract, solicit or induce any employee of Huckleberry Cheesecake to leave the employment of Huckleberry Cheesecake to perform full-time services for the Parent.

I hereby contract to enroll my child, \_\_\_\_\_ as a student of Huckleberry Cheesecake beginning on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

