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| ***Registration Form*** | Anticipated Start Date: |
| Childs Name: Last First Middle | Nickname | Birth Date |
| Parent/Guardian Name | Home Number( ) | Cell Number( ) | Email Address |
| Street Address Apt # City Zip Code |
| Employer | Work Address  | Work Number( ) |
| Parent/Guardian Name | Home Number( ) | Cell Number( ) | Email Address |
| Street Address Apt # City Zip Code |
| Employer | Work Address  | Work Number( ) |
| **Childs Health Information** |
| Date of Childs last physical Exam: | Is your Child up to date on vaccinations? If not, please explain.  | Does your child have any Allergy (including drug reaction)? |
| Childs Primary Physician:Practice :Physician: | Phone Number( )Fax Number / Email | Address |
| Specialty Physician:Type:Practice :Physician: | Phone Number( )Fax Number / Email | Address |
| Specialty Physician:Type:Practice :Physician: | Phone Number( )Fax Number / Email | Address |



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| --- |
| Has your child been diagnosed? If yes, what is the diagnosis and by whom? |
| Has your child received and/or is receiving any services, therapies or treatments? Please specify: |
| Is there any service, therapy or treatment that you think your child needs or would benefit from? |
| Does your child have any other medical condition we should be aware of? |
| **Medical Insurance Information** |
| Primary Insurance Company Name | Policy Number |
| Policy Holder Name | Policy Holder Birthdate  |
| Secondary Insurance Company Name | Policy Number |
| Policy Holder Name | Policy Holder Birthdate  |
|  |
| What hours would you like to enroll your child at our center? |
| How did you hear about us? |
| Comments: |

\*Please provide a copy of both sides of insurance cards and of diagnosis/prescription

We authorize The Puzzle Place (and its staff) to speak to the healthcare professionals listed above in reference to our child. Initial \_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for applying to The Puzzle Place!*

*We hope we can assist you and look forward to a continued relationship.*

*Have a wonderful day!*