

Children's Nest 2 of Manatee, Inc

600 7th Ave West Palmetto, FL 34221

941-479-7789

childrensnest2@outlook.com

REGISTRATION APPLICATION

STUDENT INFORMATION:

Date of Enrollment:

Full Name:

Last	First	Middle	Nickname				
Date of Birth:	Sex:	Primary Hours of Care: From	To:				
Days of the Week in Care:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

FAMILY INFORMATION:

Child Lives With:

Mother's Name:

Father's Name:

Address:

Address:

Home Phone/Cell Phone:

Home Phone/Cell Phone:

Email:

Email:

Employer:

Employer:

Work Address:

Work Address:

Work Phone:

Work Phone:

Custody: Mother: ☐ Father: ☐ Both: ☐ Other: ☐

MEDICAL INFORMATION:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted

Doctor:	Address:	Phone:
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Doctor:	Address:	Phone:
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Dentist:	Address:	Phone:
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Hospital Preference:

Please list allergies, special medical or dietary needs, or other areas of concerns:

Emergency Care Plan instructions (if applicable):

EMERGENCY CONTACTS:

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name	Relationship to child	Work#	Home/Cell #
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Name	Relationship to child	Work#	Home/Cell #
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Name	Relationship to child	Work#	Home/Cell #
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