

Wee Love Learning "About your Child"- School Age

(To be complete by the Parent or Guardian in-full)

Are there any custody restrictions? ☐ Yes ☐ No

If yes please explain:

Siblings:

Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

Any Pets?

Any Allergies:

☐ Yes

☐ No

Please list allergies if yes:

Doctor Ordered:

(Must fill out Food Allergy and/ or Special Dietary Requirements and have signature from Health Care Provider)

Life threatening symptoms:

Parent Preferences:

(This is **Not** considered an allergy, rather an intolerance that is not life threatening)

Non-life-threatening symptoms:

Child's Physician: _____ Physician Phone Number: _____

Date of last Physical Examination: _____

Child's Dentist: _____ Dentist Phone Number: _____

Date of last Dental Examination: _____

Foods your child likes and dislikes: _____

Does your child take any medication?

☐ Yes

☐ No

If yes please explain: _____

Is there any other information about your child that would be helpful for the staff to know in order to take care of your child better? (Please add additional pages if needed)

Is your child immunized?

☐ Yes

☐ No

A copy of your child's immunization record must be submitted with these registration forms. If your child is NOT immunized, please read and sign for the following statement:

I understand that should there be a suspected or real outbreak of any communicable disease, I may have to remove my child from Wee Love Learning until cleared by medical staff.

Parent Signature _____

Date _____