



2024-2025 SPICE REGISTRATION FORM

COMPLETE A SEPARATE FORM FOR EACH CHILD

1. CHILD'S NAME _____ Date of Birth _____

Date to begin SPICE program _____ School _____

MOTHER'S NAME _____ Address _____

City _____ State _____ Zip _____ HM Phone _____

Place of Employment _____ WK Phone _____

FATHER'S NAME _____ Address _____

City _____ State _____ Zip _____ HM Phone _____

Place of Employment _____ WK Phone _____

CUSTODIAL PARENT: Mother Father Both

2. EMERGENCY CONTACT INFORMATION - Anyone that has permission to pick up the child:

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

**PLEASE DO NOT ALLOW _____ TO TAKE CHILD
FROM THE SPICE CENTER WITHOUT SPECIFIC PERMISSION.**

3. MEDICAL INFORMATION Child's Physician _____ Phone _____
EMERGENCY CARE CONSENT

Father

Mother

I, _____ Guardian of, do hereby request and give consent to the Director of SPICE, for said child to receive such medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when parents cannot be reached. Consent is also given for the Director to transport said child for emergency medical treatment if the parents cannot be reached.

Parent Signature _____ Date _____

Witness Signature _____ Date _____

4. DISEASE HISTORY (Circle those that apply)

Mumps German Measles Chickenpox Whooping Cough Tuberculosis
Frequent Ear Infection Defective Heart Frequent Throat Infection Measles

Other conditions or comments: _____

5. PLEASE LIST ANY SPECIAL ABILITIES SO THAT WE MAY KNOW HOW TO BEST SERVE YOUR CHILD:

Physical or emotional problems the child might have:

Child's special food needs (Diabetic diet or allergies): _____

SPECIAL PROBLEMS (Circle those that apply):

Allergies Temper Tantrums Diabetes Frequent Colds Seizures Eating Fainting Spells

Other: _____

Favorite games and toys: _____

Brothers and Sisters: _____

Type of childcare used before: _____

PLEASE LIST ANY INFORMATION YOU WOULD LIKE US TO HAVE. ALL INFORMATION IS CONFIDENTIAL:

6. I, THE PARENT OF THE CHILD, UNDERSTAND THAT I MAY ASK FOR A CONFERENCE WITH THE CARE GIVER(S) AS NEEDED.

7. DISCIPLINE POLICY

The SPICE program uses the methods of discipline as outlined in the SPICE Parent Handbook. I have read and understand the discipline policy of the SPICE program. I give my permission for the SPICE center to use all methods as set out in the policy.

If the parent disagrees with any disciplinary methods as outlined in the policy, please list the method preferred _____

PLEASE NOTE: PHYSICAL PUNISHMENT SHALL NOT BE ADMINISTERED.

My signature verifies that I have read the SPICE Parent Handbook, and I have completed this form to the best of my knowledge.

Parent Signature _____ Date _____