



Tick-Tock
hourly child care

197 Northfield Rd.
Northfield, IL 60093
Phone: 847-441-0123
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school age program

Registration Form

FAMILY INFORMATION

Parent/Guardian:

Name: _____ Email: _____ Cell: (____) _____

Address: _____ City: _____ Zip: _____ Home: (____) _____

Employer: _____ Address: _____ Work: (____) _____

Parent/Guardian:

Name: _____ Email: _____ Cell: (____) _____

Address: _____ City: _____ Zip: _____ Home: (____) _____

Employer: _____ Address: _____ Work: (____) _____

Child/ren

***NOTE: Health forms and Birth Certificates must be received for EACH child registered**

	Child 1	Child 2	Child 3
First Name			
Last Name			
Gender			
Date of Birth			
Current School			
Food Allergies or Restrictions			
Other Allergies			
Medications Taken			
Medical Conditions (i.e. Asthma, Hearing/Vision Difficulties, etc.)			
Are there any activity restrictions? Explain			
Any special needs or disabilities? Explain			

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

In case of emergency, which parent should be called first? _____ (____) _____

Marital Status: _____ Who has legal custody of child? _____

Restrictions: _____

How did you hear about Tick Tock? _____

CHILD RELEASE INFORMATION

Please list at least two designated individuals (*other than parents*) authorized to pick up your child and/or be contacted in the event of an emergency if the parents cannot be reached.

Pick Up/Emergency Contact:

Name: _____ Relationship: _____ Cell: (____) _____

Address: _____ City: _____ Zip: _____ Home: (____) _____

Pick Up/Emergency Contact:

Name: _____ Relationship: _____ Cell: (____) _____

Address: _____ City: _____ Zip: _____ Home: (____) _____

Only individuals listed on this page will be authorized to pick up your child. You must submit written notification if the person picking your child up will be different than the person who dropped the child off. At the time of pick up, a staff member may ask to see identification from this person if they are unknown by the staff. Under no circumstances will your child be released to anyone without authorization from the parent.

I understand the policies and procedures of the center and I will abide by these policies as long as my child(ren) are enrolled in the center.

Parent/Guardian Signature

Date

Print Name

Tick Tock use only

Date Enrolled _____ Date Discharged _____