



## THE J.S. NOAH REGISTRATION FORM

Date \_\_\_\_\_

### Parent / Guardian Information:

Parent #1 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Child's Information:

Name of each child (Last name if different)	Birth Date	Sex Circle One	Allergies
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N
_____	_____	M / F	Y / N

Please explain any additional information concerning your child's allergies/special needs:

### Emergency Information:

In the event of an emergency and I am unable to be reached, I authorize the following persons to pick up my child/children:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

S.S. Noah Grapevine, Texas - 1900 S. Main St. Suite 103 Grapevine, TX 76051 817-410-2866

S.S. Noah Allen, Texas - 111 N. Central Expressway Suite 116 Allen, TX 75034 (McDermott exit) 214-495-8809

S.S. Noah Fort Worth, Texas - 10776 N. Beach Street - 817-431-2308

info@ssnoahplaycare.net



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### Emergency Contact Information:

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Name of Physician	Address	Phone
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Name of Hospital	Address	Phone
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### Consent for Medical Treatment:

I give consent for S.S. Noah to secure any and all necessary medical care for my child.

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Parent Signature	Date
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### Field Trip Information: ( for children 6 and up)

Circle all that apply:

1. **Transportation:** I hereby give / do not give my consent for my child to be transported and supervised by the S.S. Noah's employees.
2. **Water Activities:** I hereby give / do not give my consent for my child to participate in water activities.
3. **Field Trips:** I hereby give / do not give my consent for my child to participate in field trips.

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Signature of Parent / Guardian	Date
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### School Information:

My child attends the following public school and his/her immunization record is on file at the school and all immunization, vision/hearing screen tuberculosis test are current as required by Family Protective Services.

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Name of School	Address	Phone
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### How Did You Hear About the S.S. Noah Playcare Center?:

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