

Registration Form

Starfish Child Care

8810 Brickyard Rd., Potomac MD 20854, Tel: 301-299-8992 (Office), 240-876-8552 (Cell)
 Web site: www.starfishchildcare.com, E-mail: starfishchildren@gmail.com

Child		
Name (First, Middle, Last)		
Prefers to be Called		
Date of Birth		
Gender	Male Female	
Child Lives With		
Custody	Mother Father Both Other:	
Languages Spoken at Home		
Names and Ages of Siblings		
Parents/Guardians	Father/ Guardian	Mother/Guardian
Name (First, Last)		
Occupation		
Employer		
Work Address		
E-mail Address		
Medical		
Dentist's Name		
Address		
Phone		
Insurance Provider		
Policy Number		
Address		
Phone		
Hospital Preference		
Special Needs	Yes/No	
Does your child have IFSP/IEP or any special needs accommodation? If yes, please provide a copy of IFSP/IEP and identify any early intervention specialists or other special needs service providers who will be working with the child with us at the center.		

Signature of Parent/Guardian: _____ **Date:** _____