

Bullfrogs and Butterflies
 2844 North Landing Road
 Virginia Beach, VA 23456
 757-563-2844

www.bullfrogs-butterflies.org

REGISTRATION FORM
 2010/2011 School Enrollment Year

Child	Nickname	Date of Birth	Sex
Address	City	State	Zip
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			Home Phone
Cell Phone			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

Father	Place Employed	Business Phone
Home Address	City	State
	Zip	Home Phone
Mother	Place Employed	Business Phone
Home Address	City	State
	Zip	Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency (see last page)		
Child's Physician - Address, City and Zip		Phone
Two People to Contact if Parent(s) Cannot Be Reached	Address, City and Zip	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized to Pick Up Child		
Person(s) NOT Authorized to Pick Up Child*		
Email address(s) to be used in case of an emergency - - this would be in addition to phone calls. We will send out a mass email if we are able to update parents on any emergency situation at the school.	1.	2.

* Appropriate paperwork such as custody papers must be attached if parent is not allowed to pick up the child.

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responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Does your child require any physical or developmental accommodations? If so, please describe below. Should there be any supplementary emergency information please provide additional detail in this section?

* Appropriate paperwork such as custody papers must be attached if parent is not allowed to pick up the child.