



Sweet Dreams Academy

& 24-7 Child Care



Registration Form

Child's Full Name:

Nickname:

Birthday:

Height

Birthmarks

Weight

Hair color

Eye color

**Allergies/
Severity**

Illnesses

Medications

Pediatrician

Phone Number:

Child's Favorite
Foods

Not so Favorite

Foods Never
Allowed

Favorite TV
Shows

Favorite Story
Books

Nap Routine

Bedtime Routine

Favorite Comfort
Items

How does your
child soothe him
or herself?



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M O M or Gardian	Name		Primary or Secondary Circle One		
	Ph Nbrs	Home:		E-mail:	
		Cell:		Soc. Sec.#:	
	Address				
	Street		City	Zip	
	Occupation				
	Address				
	Street		City	Zip	
Work Phone					
Schedule					

D A D or Gardian	Name		Primary or Secondary Circle One		
	Ph Nbrs	Home:		E-mail:	
		Cell:		Soc. Sec.#:	
	Address				
	Street		City	Zip	
	Occupation				
	Address				
	Street		City	Zip	
Work Phone					
Schedule					

Other/Guardian who has permission to pick child up from center		relation		Phone	
		relation		Phone	
		relation		Phone	
		relation		Phone	
		relation		Phone	
		relation		Phone	
		relation		Phone	

We must have a photo on file for anyone with privileges to pick your child up or they will not be allowed to leave with the child.
We also must have a copy of their Driver's license or State ID on file so if in doubt we can compare license/ID with license/ID.

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