



# Our Little Village Registration Form

## Child Information:

Today's Date

_____	_____	_____	_____
Child's Last Name	First Name	Gender	Date of Birth
_____	_____		
Child's Address	City/State/Zip		

## Parent Information:

## Student ID #:

_____	_____	_____	_____
Parent Name	Cell Phone	Phone 2	email
_____	_____	_____	_____
Parent Name	Cell Phone	Phone 2	email

## Insurance Information:

_____	_____
Provider	Provider Phone
_____	_____
Policy Holder	Policy Number

## IN CASE OF AN EMERGENCY, SPECIFY AUTHORIZED PERSONS TO PICK UP CHILD:

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

**Medical Information:** Please indicate any of the following that apply to your child:

- Allergy to medicine, food, animal
- ADHD (Attention Deficit Hyperactive Disorder)
- Asthma
- Seizures
- Heart Trouble
- Diabetes
- Bleeding disorders
- Other

Please explain any checked item from above:

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Please list any medications your child is currently taking: (OLV employees are not authorized to administer medication)

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What are your child's favorite toys, games, and things to do?

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How do you comfort your child when s/he is upset?

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**OSU Student Parent is:** (circle all that apply)

Graduate	Out-of-State	International
Single Parent	Veteran	Non-White
Pell Grant Eligible		