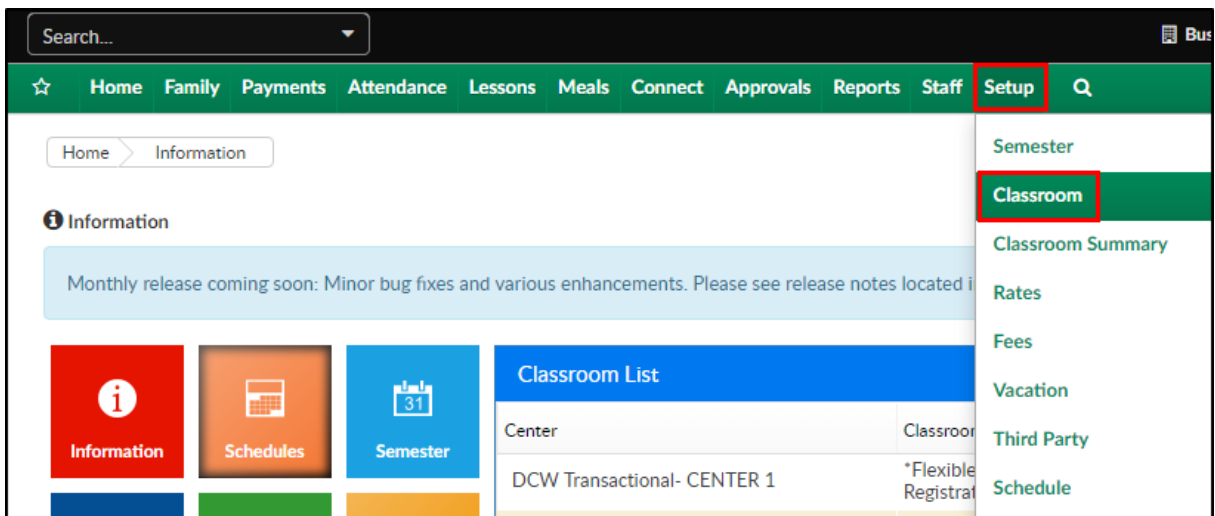# Setup > Room, Category - Registration Setup

Last Modified on 06/29/2020 12:50 pm EDT

The registration setup area allows users to set questions will that be displayed, hidden, or required on registration forms. This setup can be created at the category level or the room/program level. Once registration setup has been completed at the Room/Program level, the system will <u>not</u> look at the category settings for registration requirements.


Registration Setup

1. Click Setup, then select Room/Program/Classroom

2. Locate the Category to update. Click Registration Setup below the category name
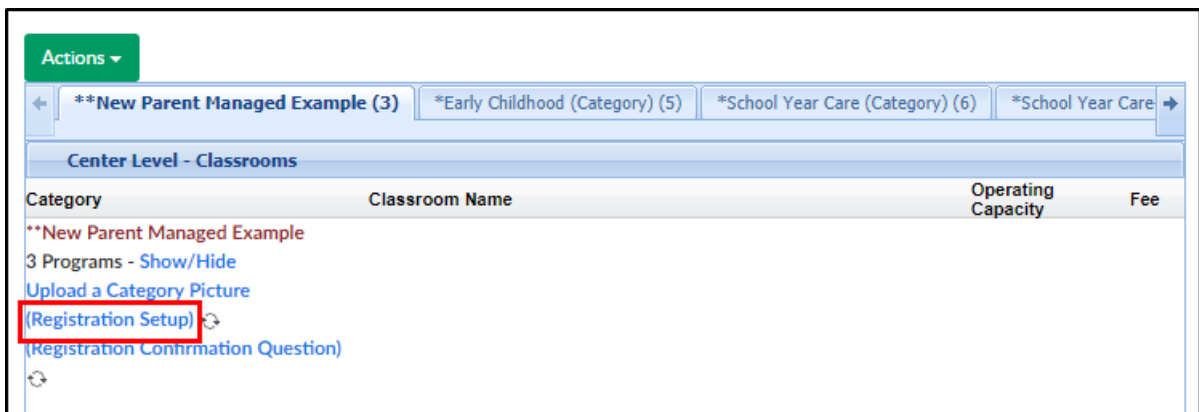
3. # of Contacts - choose the number of contacts that should be required for registration into the program. Families will be required to enter detail for the number of contacts selected. If they do not enter the contact information, they will not be able to complete registration
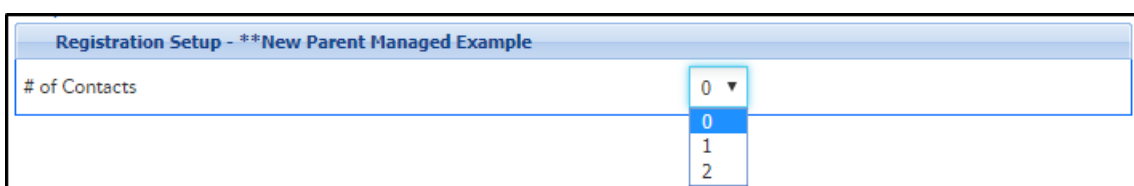
4. Must be between Ages (if applicable) - enter the age range of months for the students that are

able to register into the program. The age relates to the student's current age, not age when the program begins

Must be between Ages (months):		And	

5. Prerequisite List - if prerequisites exist for the program, select Add New Prerequisite. This option would typically be used if programs are sequential and another program must be completed prior to this one

Prerequisite List

+ Add New Prerequisite

category	Classroom	semester			

Page 1 of 1   No data to display

6. The Field Requirements section displays fields that can be displayed, required, or hidden during registration. This section dictates the questions families are required to answer during the registration process. Once this page is saved, registration will be updated immediately
   - Display - the field will display on registration, but families are not required to answer it
   - Required - the field must be answered for registration to be completed
   - Hide - the field will not display on registration
7. Click Save

Available Fields

Below is a list of available fields:

Field	Type
First Name	Contact Fields
Last Name	Contact Fields
Address	Contact Fields
Address 2	Contact Fields
City	Contact Fields
State	Contact Fields
Zip	Contact Fields
Home Phone	Contact Fields
Work Phone	Contact Fields
Cell Phone	Contact Fields
Email	Contact Fields
Relationship	Contact Fields

Birth Certificate - Doc	Documents and Sponsors
Custody Papers - Doc	Documents and Sponsors
Immunizations - Doc	Documents and Sponsors
IEP - Doc	Documents and Sponsors
IEP Indicator	Documents and Sponsors
Sponsor Indicator	Documents and Sponsors
Discount Selection	Documents and Sponsors
Sibling Name (If Sibling Discount)	Documents and Sponsors
Court Restriction Indicator	Documents and Sponsors
Court Order Date	Documents and Sponsors
Additional	Documents and Sponsors
Resides With	Documents and Sponsors
Previous Summer Program	Documents and Sponsors
Previous School Program	Documents and Sponsors
Previous Preschool Program	Documents and Sponsors
Previous Pre-screening	Documents and Sponsors
School Attending Kindergarten	Documents and Sponsors
In District	Documents and Sponsors
Open Enrollment Completed?	Documents and Sponsors
Photo Release	Documents and Sponsors
Booster Seat	Documents and Sponsors
Photo Release Program Only	Documents and Sponsors
Sunscreen (Parent Provided)	Documents and Sponsors
Sunscreen (self apply)	Documents and Sponsors
Additional T-Shirt	Documents and Sponsors
T-Shirt Size	Documents and Sponsors
Swim Level	Documents and Sponsors
Swim Concerns	Documents and Sponsors
Open Swim	Documents and Sponsors
Insect Repellent	Documents and Sponsors
School Year	

Arrival/Departure	Documents and Sponsors
Summer School Arrival/Departure	Documents and Sponsors
Before School	Documents and Sponsors
Fall School Departure	Documents and Sponsors
Pickup Notes	Documents and Sponsors
Height	Documents and Sponsors
Weight	Documents and Sponsors
Hair Color	Documents and Sponsors
Eye Color	Documents and Sponsors
Sleep Position	Documents and Sponsors
After School	Documents and Sponsors
Food/Milk Allergy	Health
Special Food Needs	Health
Environmental Allergy	Health
Medication Allergy	Health
Epi Pen	Health
Other Allergy	Health
Asthma	Health
Inhaler	Health
Cerebral palsy/motor disorder	Health
Cognitive/learning disabilities	Health
Epilepsy/Seizures	Health
Chicken Pox	Health
Glasses	Health
Cold Count	Health
Colds	Health
ADD/ADHD	Health
Behavioral Issues	Health
Other Conditions	Health
Medications	Health
Participation Restrictions	Health
Symptoms	Health
Special Problems/Fears	Health
Additional Support	Health
Call Parents	Health

Immunization Exemption	Health
Special Instructions	Health
Personal Conviction Exemption	Health
Religious Exemption	Health
Motor Skills Detail	Health
Seizure Date	Health
Cognitive Info	Health
Participation Restriction Indicator	Health
Medication Info Indicator	Health
Other Medication Indicator	Health
Other Medication Info	Health
Reassessment and Triggers	Health
Medication Side Effects Info	Health
Trigger Details	Health
Hep B - Hepatitis B	Health
DT - Diphtheria, Tetanus (pediatric)	Health
Tdap - Tetanus, Diphtheria, Pertussis	Health
Hib - Haemophilus influenza type b	Health
Td - Tetanus, Diphtheria	Health
IPV/OPV - Polio	Health
PCV - Pneumococcal Conjugate	Health
MMR - Measles, Mumps, Rubella	Health
Varicella - Chickenpox	Health
HPV - Human Papillomavirus	Health
Rota - Rotavirus	Health
Hep A - Hepatitis A	Health
MCV4/MPSV4 - Meningococcal	Health

Flu - Influenza	Health
Mumps	Health
DTP - Diphtheria, Tetanus, Pertussis	Health
Rubella	Health
Polio	Health
Diabetes	Health
Autism	Health
Accommodations	Health
DTaP - Diphtheria, Tetanus, Pertussis (pediatric)	Health
First Name	Parent/Guardian Fields
Last Name	Parent/Guardian Fields
Address	Parent/Guardian Fields
Address 2	Parent/Guardian Fields
City	Parent/Guardian Fields
State	Parent/Guardian Fields
Zip	Parent/Guardian Fields
Home Phone	Parent/Guardian Fields
Work Phone	Parent/Guardian Fields
Cell Phone	Parent/Guardian Fields
Pager	Parent/Guardian Fields
Birthday	Parent/Guardian Fields
Email Address	Parent/Guardian Fields
Best Address	Parent/Guardian Fields
Best Phone	Parent/Guardian Fields
Driver's License #	Parent/Guardian Fields
Electronic Signature	Parent/Guardian Fields
Driver's License State	Parent/Guardian Fields
Primary License Plate	Parent/Guardian Fields
Preferred Statement Delivery Method	Parent/Guardian Fields
Employer Information	Parent/Guardian Fields
Employer Name	Parent/Guardian Fields
Employee ID	Parent/Guardian Fields
Employee Work Location	Parent/Guardian Fields

Relationship Last Name	Parent/Guardian Fields Student/Child Fields
First Name	Student/Child Fields
Birthday	Student/Child Fields
Middle Name	Student/Child Fields
Sex	Student/Child Fields
Address 2	Student/Child Fields
Address	Student/Child Fields
City	Student/Child Fields
State	Student/Child Fields
Home Phone	Student/Child Fields
Zip	Student/Child Fields
Email	Student/Child Fields
Grade	Student/Child Fields
School Attending	Student/Child Fields
Student ID	Student/Child Fields
Custody papers have been provided?	Student/Child Fields
Language Spoken	Student/Child Fields
Secondary Language?	Student/Child Fields
Interpreter Language	Student/Child Fields
Interpreter Needed?	Student/Child Fields
Insurance Company	Student/Child Fields
Insurance Covered?	Student/Child Fields
Insurance Policy Number?	Student/Child Fields
Hospital Address	Student/Child Fields
Hospital	Student/Child Fields
Hospital Phone	Student/Child Fields
Doctor's Address	Student/Child Fields
Doctor's Name	Student/Child Fields
Doctor's Phone	Student/Child Fields
Dentist's Address	Student/Child Fields
Dentist's Name	Student/Child Fields
Dentist's Practice	Student/Child Fields
Dentist's Phone	Student/Child Fields
In an Emergency Call First	Student/Child Fields
Telephone Authorization Code	Student/Child Fields

The following person(s) may not remove my child from the facility	Student/Child Fields
Is child allergic to food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reaction occurs.)	Student/Child Fields
Is child usually susceptible to infections and if so, what precautions need to be taken?	Student/Child Fields
Is child subject to convulsions and what should be our procedure if one occurs?	Student/Child Fields
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)?	Student/Child Fields
Additional Comments	Student/Child Fields
Other special instructions	Student/Child Fields
Admission Date	Student/Child Fields