



Child Care Registration Form

CHILD/CHILDREN INFORMATION

Child's Full Name: _____

Birth Date: ____/____/____

Address: _____

Home Phone _____

City: _____ State: _____

Zip Code: _____

Nickname: _____

Child's Full Name: _____

Birth Date: ____/____/____

Address: _____

Home Phone _____

City: _____ State: _____

Zip Code: _____

Nickname: _____

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____

Home Phone: _____ **Email:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Pager/ Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____

Driver's License # _____

Father's Full Name: _____

Home Phone: _____ **Email:** _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Work Phone: _____ ext. _____

Name of Employer _____ Cellular Phone: _____

Business Address: _____ City: _____

Work Hours: _____

Driver's License # _____

Parent/Guardian with legal custody

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___
Single ___

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

CHILD PICK-UP INFORMATION

Please list below the people who have ***Permission*** to pick up your child.

***Note: Anyone picking up your child must have picture ID.**

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Please list those persons who ***Do Not Have Permission*** to pick up your child.

Please explain the reason below or talk to your caregiver so she is aware of the situation.

Name: _____ Phone: _____

Relationship: _____

Reason person is not allowed to pick up your child:

Name: _____ Phone: _____

Relationship: _____

Reason person is not allowed to pick up your child:

EMERGENCY CONTACTS

Primary Emergency Contact (other than parents or guardian)

Name: _____

Home Phone: _____

Work Phone: _____

Relationship to Child:

Address: _____

Secondary Emergency Contact (other than parents or guardian) Name:

Home Phone: _____

Work Phone: _____

Relationship to Child:

Address: _____

Any Special Instructions on how to reach parents:

EMERGENCY INFORMATION

1. Child's Physician: _____ Phone: _____

2. Preferred Hospital: _____ Phone: _____

3. Child's Dentist: _____ Phone: _____

3. Insurance Company: _____ Policy #: _____

4. Regular Medications:

5. Blood Type:

6. Medicine allergic to:

7. Food Allergies:

8. Any other Allergies:

9. Immunization Record: Date of Last Immunization:

10. Any special health conditions:

11. Child has had:

Measles

German Measles

Chicken Pox

Mumps

Whooping Cough

Other _____

Child suffers from:

Headaches

Earaches

Sore Throat

Stomach Aches

Flu / Colds

Other _____

OTHER IMPORTANT INFORMATION/PROVISIONS

Tell me something great about your child/children ☺

Child will need special provisions such as:

Extra curricular activity Yes No

If yes, please give details: (what activity, when, if transportation is required, specific arrangements to attend with other family members/friends, etc.)

Other provisions we should be aware of: _____

Do you have any outstanding concerns?

Signature _____

Date _____