



CHILD CARE REGISTRATION FORM

CHILD'S INFORMATION

Child's Full Name: _____ **Birth Date:** ____ / ____ / ____

Address: _____ **Home Phone:** _____

City: _____ **Pin Code:** _____

Nickname: _____

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _____ **Home Phone:** _____

Address: _____

Occupation: _____ **Work Phone:** _____ **ext.** _____

Name of Employer _____ **Cellular Phone:** _____

Business Address: _____

Work Hours: _____

Father's Full Name: _____ **Home Phone:** _____

Address: _____

Occupation: _____ **Work Phone:** _____ **ext.** _____

Name of Employer _____ **Cellular Phone:** _____

Business Address: _____

Work Hours: _____

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 us so we are aware of the situation.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Reason person is not allowed to pick up your child:

Name: _____

Reason: _____

Name: _____

Reason: _____

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:



OTHER IMPORTANT INFORMATION/PROVISIONS

Child will need special provisions such as:

Travel to and from school

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? _____
