

Child Care Registration Form				Date child entered care	Date child left care
Child's name Last First Middle			Name (Nickname) used		Birthdate
Street address			City		Zip code
Child's parent/guardian name		home phone # () -	cell phone# () -	alternative phone # () -	
Street address			City		Zip code
Address where you can be reached while child is in care			City		Zip code
Child's parent/guardian name		home phone # () -	cell phone# () -	alternative phone # () -	
Street address			City		Zip code
Address where you can be reached while child is in care			City		Zip code
Other than you, who else has permission to pick up your child?					
Name		Address		Telephone number	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.					
Parent/Guardian signature: _____					
Name		Address		Telephone number	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	
Name: Relationship:				Home: () - Cell: () - Alternative: () -	