



Registration Form

Child's Name: _____ D.O.B.: _____

Parents are (Married / Separated / Divorced / Widowed / Single / Deceased)
(Please circle one)

Child Lives with: (Both Parents / Father / Mother / Other) _____
(Please circle one)

Person responsible for paying for childcare: _____

Mother or Guardian #1 Information

Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell / Other Phone: _____

Father's or Guardian #2 Information

Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell / Other Phone: _____

Emergency Contact #1

Relationship: _____

Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell / Other Phone: _____

Emergency Contact #2

Relationship: _____

Name: _____ Phone: _____

Address: _____
(Street) (City) (State) (Zip)

Employer: _____ Work Phone: _____

Cell / Other Phone: _____

Medical Info

Doctor's Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Is your child up to date on shots? (Yes / No) Date of last checkup: _____
(Please circle one)

Signature(s)

Today's Date: _____

Parent / Guardian Signature Printed Name Relationship Date

Parent / Guardian Signature Printed Name Relationship Date