Before / After School Child Care Registration Form

CHILD'S INFORMATION

Child's Full Name: ____________________________________ Birth Date: _____/_____/_____

Address: ____ Home Phone: ________________

City: _____________________________ State: _________ Zip Code: ________________

Grade: ___________

Please indicate which program you will be utilizing:

_____ Before Care _____ After Care

PARENT/GUARDIAN INFORMATION

Mother's Full Name: _________________________________ Primary Phone: ________________

Address: ____

City: _____________________________ State: _________ Zip Code: ________________

Occupation: _____________________________ Work Phone: ____________________ext._______

Name of Employer__________________________ Cellular Phone: ____________________

Business Address: __________________________________ City: ___________________________

Work Hours: ____________________________ Driver's License # _________________________

Email address: _____________________________________

Father's Full Name: _________________________________ Primary Phone: _________________

Address: ____

City: _____________________________ State: _________PC/Zip Code: ________________

Occupation: ______________________________ Work Phone: ____________________ext._______

Name of Employer_________________________ Cellular Phone: ____________________

Business Address: ___________________________________ City: ____________________________

Work Hours: _____________________________ Driver's License # __________________________

Email address: ______________________________________

Parent/Guardian with legal custody ____
Parents are: Married ___ Living Together___ Divorced ___ Separated ___ Widowed ___ Single ___

CHILD PICK-UP INFORMATION

Please list below the people who have ***Permission*** to pick up your child (including yourself).
***Note: Anyone picking up your child must have a 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 talk to the Child Care Coordinator so she is aware of the situation.

Name: ___________________________ Phone: _________________ Relationship: __________
Name: ___________________________ Phone: _________________ Relationship: __________

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. Food Allergies: ____

4. Any other Allergies: ____

5. Any special health conditions:

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****Please attach your registration payment to this form. Payment must be received to begin services****