

# Urban Childcare Registration Form

## *Parent / Guardian Information*

### 1ST PRIMARY GUARDIAN

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home address \_\_\_\_\_

### 2ND PRIMARY GUARDIAN

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home address \_\_\_\_\_

## *Parent / Guardian Information*

### EMERGENCY CONTACT INFORMATION

First \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child(ren) \_\_\_\_\_

List names of those authorized to pick up child(ren): \_\_\_\_\_

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## *Child Information*

CHILD #1

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Gender Male / Female Birthday / / Photo Release yes / no

Existing Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_

CHILD #2

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Gender Male / Female Birthday / / Photo Release yes / no

Existing Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_

CHILD #3

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_

Gender Male / Female Birthday / / Photo Release yes / no

Existing Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_

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## *Parent / Guardian Information*

### PEDIATRICIAN INFORMATION

Doctor Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_