### Registration & Emergency Contacts



#### **Parent Information:**

Mother's Name:			
Address:			
Home #:_()	Cell #:_()		
Email:			
Do you want this email to be used to create your child's HiMama profile? Y/N			
Address:			
Home #:_()	Cell #:_()		
Email:			
Do you want this email to be used to create your child's HiMama profile? Y/N			
Emergency Contacts:			
Other than you, who is allowed to pick up you -Name(s) listed below are authorized to pick up you	our child. In case of emergency and the staff is unable e name(s) listed below. The emergency contact MUST		
Other than you, who is allowed to pick up you -Name(s) listed below are authorized to pick up you to reach parent(s)/guardian(s), we will contact the provide a valid photo ID for authorized pick up.  *Name:	our child. In case of emergency and the staff is unable e name(s) listed below. The emergency contact MUST		
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<sup>\*\*</sup>Arrangements must be made with us in advance if you wish for someone other than the above individuals to be called for your child\*\*

# Registration & Emergency Contacts



### **Children Information:**

1 <sup>st</sup> Child: First Name:		MI:
Last Name:		
Allergies:		
Up to da	te on all Immunizations that are rec	quired by the state:_Y / N_
Favorites things that bring your child comfo	ort (Song, game, activity):	
Is there anything you would like us to know	about your child while in our care?	)
Photography: May we take photos of your	child's stay? May the photos be use	d for publications and/or
social media? <u>Yes / No</u>		
2 <sup>nd</sup> Child: First Name:		MI:
Last Name:	DOB:	Gender: <u>M / F</u>
Allergies:		
Up to dareUp to dare		
Is there anything you would like us to know	about your child while in our care?	)
Photography: May we take photos of your of social media? Yes / No	child's stay? May the photos be use	d for publications and/or

## Registration & Emergency Contacts

3 <sup>rd</sup> Child: First Name:		Mit:
Last Name:	DOB:	Gender: <u>M / F</u>
Allergies:		
Up to 0	date on all Immunizations that are	required by the state:_Y / N_
Favorites things that bring your child com	nfort (Song, game, activity):	
Is there anything you would like us to kno	ow about your child while in our ca	re?
Photography: May we take photos of you social media? <u>Yes / No</u>	r child's stay? May the photos be ι	
4 <sup>th</sup> Child: First Name:		
Last Name:	DOB:	Gender: <u>M / F</u>
Allergies:		
Up to o	date on all Immunizations that are nfort (Song, game, activity):	
Is there anything you would like us to kno	ow about your child while in our ca	re?
Photography: May we take photos of you	ur child's stay? May the photos he u	used for nublications and/or
social media? Yes / No	ir cillia 3 stay: Way the photos be t	asca for publications and of
	<b>4k</b>	: da hauah
I,have fully completed this registration and	to make sure that I will keep this	ian, do nereby state that I information current.
Signature of Parent/Guardian:	Date: _	
Signature of Manager:		