

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

Father's Name: _____

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 your children:

-Name(s) listed below are authorized to pick up your child. In case of emergency and the staff is unable to reach parent(s)/guardian(s), we will contact the name(s) listed below. The emergency contact MUST provide a valid photo ID for authorized pick up.

*Name: _____

Home #: (_____) _____ Cell #: (_____) _____

Relationship to Child: _____

*Name: _____

Home #: (_____) _____ Cell #: (_____) _____

Relationship to Child: _____

*Name: _____

Home #: (_____) _____ Cell #: (_____) _____

Relationship to Child: _____

Arrangements must be made with us in advance if you wish for someone other than the above individuals to be called for your child

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Children Information:

1st Child: First Name: _____ MI: _____
Last Name: _____ DOB: _____ Gender: M / F
Allergies: _____
_____ Up to date on all Immunizations that are required by the state: Y / N
Favorites things that bring your child comfort (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 used for publications and/or social media? Yes / No

2nd Child: First Name: _____ MI: _____
Last Name: _____ DOB: _____ Gender: M / F
Allergies: _____
_____ Up to date on all Immunizations that are required by the state: Y / N
Favorites things that bring your child comfort (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 used for publications and/or social media? Yes / No

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3rd Child: First Name: _____ MI: _____
Last Name: _____ DOB: _____ Gender: M / F
Allergies: _____
_____ Up to date on all Immunizations that are required by the state: _Y / N_
Favorites things that bring your child comfort (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 used for publications and/or social media? Yes / No

4th Child: First Name: _____ MI: _____
Last Name: _____ DOB: _____ Gender: M / F
Allergies: _____
_____ Up to date on all Immunizations that are required by the state: _Y / N_
Favorites things that bring your child comfort (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 used for publications and/or social media? Yes / No

I, _____, the parent or guardian, do hereby state that I have fully completed this registration and to make sure that I will keep this information current.

Signature of Parent/Guardian: _____ Date: _____

Signature of Manager: _____ Date: _____