

# Fun Luvin Daycare

## Registration Form

Please complete and return the registration form. All fields must be completed in order to process registration.

### Child's Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Nick Name (if any) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Enrollment Date \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Child Lives with:  
(Please Circle one) Mother Father Both Parents Guardian Start Date: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian Name	Parent/Guardian Name
_____	_____
Street Address	Street Address
_____	_____
City/State/Zip	City/State/Zip
_____	_____
Home Phone	Cell Phone
_____	_____
SSN	Driver's License #
_____	_____
Employer	Employer
_____	_____
Employer Address	Employer Address
_____	_____
Employer Phone	Ext.
_____	_____
Email Address _____	

### Parent's Marital Status

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

### Person's With Legal Custody:

\_\_\_\_\_ (Attach pertinent paperwork such as a Court Order if a parent is not permitted to pick up the child.)

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## Emergency Contacts/Authorized Pick Up

The following people are authorized to pick up my child and also maybe contacted in an emergency or illness in the event I cannot be reached.

Name _____	Name _____
Cell/Other Number _____	Cell/Other Number _____
Relationship To Child _____	Relationship To Child _____
Physician's Name /Phone # _____	Address _____

Fun Luvin Daycare, my child care provider, has permission to transport my child, if necessary, when my child is in care. Initial here \_\_\_\_\_

## Person's not authorized to pick up

**Please Note:** Fun Luvin Daycare must have a copy of the legal custody order in order to detain pick up from parent.

Name _____	Name _____
Home Number _____	Home Number _____
Work Number _____	Work Number _____
Cell/Other Number _____	Cell/Other Number _____
Relationship to Child _____	Relationship to Child _____

Parent/Guardian Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Yudyssa Fernandez at 860-730-2534 for information or questions.**