

# 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 \_\_\_\_\_ Nickname (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

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Home Phone

Cell Phone

\_\_\_\_\_

SSN

Driver's License #

\_\_\_\_\_

Employer

\_\_\_\_\_

Employer Address

\_\_\_\_\_

Employer Phone

Ext.

\_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Home Phone

Cell Phone

\_\_\_\_\_

SSN

Driver's License #

\_\_\_\_\_

Employer

\_\_\_\_\_

Employer Address

\_\_\_\_\_

Employer Phone

Ext.

\_\_\_\_\_

Email \_\_\_\_\_

# Fun Luvin Daycare

## 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.)

## 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

Cell/Other Number

Relationship To Child

Physician's Name /Phone #

Name

Cell/Other Number

Relationship To Child

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

Home Number

Work Number

Cell/Other Number

Relationship to Child

Name

Home Number

Work Number

Cell/Other Number

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 Administration at 860-730-2534 for information or questions.**