

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