

# New Family Registration Sheet

## CONTACT INFORMATION:

**MOTHER** or Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FATHER** or Guardian Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**How did you hear about us? (Circle One)** Facebook Instagram Google Other Social Media

Current Customer: \_\_\_\_\_ Website Mailer Other \_\_\_\_\_

## AUTHORIZED TO PICK-UP / EMERGENCY CONTACT: (OTHER THAN LEAGAL GUARDIANS)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CHILD INFORMATION:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Allergies: \_\_\_\_\_

*Additional Information:* \_\_\_\_\_

## TERMS AND CONDITONS AGREEMENT:

I hereby acknowledge that I have been provided with and have read the Terms and Conditions of West End Drop-In Child Care Center. I agree to all terms, conditions, and to adhere to all rules and regulations contained in this agreement.

**Yes! I'd like to receive text messages from West End Drop-In about days closed, updates, & promotions. Msg & data rates may apply. Reply STOP to opt out at any time.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_