|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHILD CARE REGISTRATION FORM** | | | Date child entered care | | Date child left care |
| Child’s name Last First Middle | | | Name (Nickname) used | | Birthdate |
| Street address City Zip code | | | | | |
| Child’s Parent/Guardian Name | | Cell Phone# | | Home Phone # | Email |
| Street address City Zip code | | | | | |
| Work Info (Where can we reach you if there is an emergency) | | Department | | City | Phone # |
| Child’s Parent/Guardian Name | | Cell Phone# | | Home Phone # | Email |
| Street address City Zip code | | | | | |
| Work Info (Where can we reach you if there is an emergency) | | Department | | City | Phone # |
| Other than you, who else has permission to pick up your child? | | | | | |
| Name | Address | | | | Phone # and Email |
| Name:  Relationship: |  | | | | Cell:  Alt:  Email: |
| Name:  Relationship: |  | | | | Cell:  Alt:  Email: |
| Name:  Relationship: |  | | | | Cell:  Alt:  Email: |
| Name:  Relationship: |  | | | | Cell:  Alt:  Email: |
| In case of an emergency and the above contacts could not be reached, I give permission for any of the following individuals to be contacted and my child may be released to them.    **Parent Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Name | Address | | | | Phone # and Email |
| Name:  Relationship: |  | | | | Cell:  Alt:  Email: |
| Name:  Relationship: |  | | | | Cell:  Alt:  Email: |
| Name:  Relationship: |  | | | | Cell:  Alt:  Email: |