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| **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: |