



Registration Form For Child Care

(Please complete both pages of this form for each child)

Date of Enrollment: _____

Name of Child: _____ Birthdate: ____/____/____ Sex: M ____ F ____
yy mm dd

Full name of Parent(s)/Guardian:

1. _____

2. _____

Address:

1. _____

2. _____

Phone Numbers: HOME: 1. _____ WORK: 1. _____
2. _____ 2. _____

Place of work: 1. _____
2. _____

Care Card Number: _____ Family Doctor: _____
Phone Number: _____

PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT IN EMERGENCY:

Name	Phone
_____	_____
_____	_____

Names of other children in family:	Date of Birth:
_____	(yy/mm/dd) _____
_____	(yy/mm/dd) _____

Has the child had previous experience away from home? NO ☐ YES ☐

If YES, explain: _____

Special instructions concerning Care, Medication, Diet, or **Custody**: NO ☐ YES ☐ **ATTACH DOCUMENTATION**

Health History

Attach any pertinent documentation

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Has this child any known health problems or depressed immune system? NO ☐ YES ☐

If YES, explain: _____

List communicable diseases child has had: _____

List any recent illnesses: _____

ALLERGIES: _____

Special instructions to follow in the event of an allergic reaction: _____

Child's eating habits: _____

Favorite foods: _____

Strong dislikes: _____

ATTACH IMMUNIZATION RECORD AND CURRENT PICTURE OF CHILD

I authorize the child care provider to obtain the following services for this child as necessary:

Physician and/or Ambulance in the event of an emergency.

Signature of Parent/Guardian

Date

Signature of Child Care Provider

Date
