

REGISTRATION FORM

Child's Full Name _____	Birth Date _____
Nickname _____	SS #. _____
Mothers Full Name _____	SS #. _____
Address _____	Home Phone _____
City _____	State/Zip _____
Occupation _____	Work Phone _____
Employer _____	Pager/Cellular _____
Address _____	Email _____
City _____	State/Zip _____
Work Hours _____	Driver License # _____
Fathers Full Name _____	SS. # _____
Address _____	Home Phone _____
City _____	State/Zip _____
Occupation _____	Work Phone _____
Employer _____	Pager/Cellular _____
Address _____	Email _____
City _____	State/Zip _____
Work Hours _____	Driver License # _____

Parent with Legal Custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___

Other Household Members:

Names _____ Ages _____ Relationship _____

Emergency Contacts

Primary Parent Contact _____

Primary Emergency Contact (other than parent) _____

Contacts Home Phone _____ Work Phone _____

Address _____

Relationship to Child _____

Secondary Emergency Contact _____

Contacts Home Phone _____ Work Phone _____

Address _____

Relationship to Child _____

Country Daycare
Stacy Willie

Person(s) authorized to pick up child (besides parents or emergency)

Name _____ Comment _____

Person(s) NOT authorized to pick up child

Name _____ Comment _____

Emergency Release

Consent to Emergency First Aid & Transportation.

I hereby give permission that my child, _____, may be given emergency treatment from Country Daycare. I also give permission for my child to be transported by car or ambulance to an Emergency center for treatment, and agree to hold Country Daycare and its employees harmless. I agree that all costs involved in the event of an emergency transport will be my responsibility.

Parent Signature _____ Date _____

Emergency Information

1. Child's Physician: _____ Phone: _____

2. Preferred Hospital: _____ Phone: _____

3. Insurance Co. _____ Policy #: _____

4. Regular Medications: _____

5. Medicine Allergies: _____

6. Food Allergies: _____

7. Any Other Allergies: _____

8. Any Special Health Conditions: _____

9. Blood Type: _____ 10. Previous Surgeries: _____

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Field Trip Permission

I hereby request my child, _____, be permitted to participate in field trips, to the park, nature walks, or any other activities that would involve taking the child off of the daycare premises.

Parent Signature: _____ Date: _____

Responsible Party

Please list person responsible for payment of fees: _____

(If court order is involved, please attach a copy)

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Office Use Only

Date given to parent: _____

Date returned: _____