

Child Registration-Contacts

Child's Name _____ Nickname _____ Birthday ____/____/____

Child's Name _____ Nickname _____ Birthday ____/____/____

Previous child care experience: Yes ____ No ____

Where: _____ When: _____

Please list parent to be billed first.

Parent/Guardian

Parent/Guardian

Name	Name
E-mail address:	E-mail address:
Home Address:	Home Address:
Home Phone	Home Phone
Day Address/ Class Schedule	Day Address/ Class Schedule
Cell Phone/Provider	Cell Phone/Provider
A#	A#

With whom does the child reside?

Primary Residence _____ Secondary Residence: _____

Friends/Relations authorized to pick up my child

Name:	Day Phone: Home Phone:
Name:	Day Phone: Home Phone:
Name:	Day Phone: Home Phone:

Person(s) restricted from picking up my child

Name:	Name:
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Signature

Date