

Childcare Registration Form

Child's Last Name: _____ First: _____ MI: _____

Birth Date: _____

Mother's Last Name: _____ First: _____ MI: _____

Home phone: _____ Work or cell phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Last Name: _____ First: _____ MI: _____

Home phone: _____ Work phone: _____

Does the father live at home?: _____

Family Doctor: _____ Phone: _____

Additional Emergency Contact:

Name: _____ Phone: _____ Relationship _____

Siblings (names and birth dates):

Favorite toys, songs, games, foods:

Special Needs and instructions: allergies:
