



**Registration Form  
Fee \$25/child or \$40/family**

Last Name:	
First Name	Middle Name:
Nickname:	
Birth Date:	Start Date:

NAMES OF SIBLINGS & BIRTH DATES:

**PARENTS OR GUARDIANS**

(1) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	Email:
Employer:	

(2) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Cell Phone:	Email:
Employer:	

**OTHER EMERGENCY CONTACT**

Name:	Relationship to Child:
Home Phone:	Work Phone:
Name:	Relationship to Child:
Home Phone:	Work Phone:

SCHEDULE: If your child will be attending regularly, please indicate the anticipated schedule.

**AUTHORIZATION FOR PICKUP**

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name	Address	Phone
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A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

**MEDICAL INFORMATION**

Doctor	Office Phone
Address	
City:	Postal Code
Medical Ins. #	Child's Personal ID#:
Allergies:	
Medical Problems:	
Medication:	

ADDITIONAL INFORMATION: Please indicate likes/dislikes, potty training, special interests, etc.

**EMERGENCY CONSENT:**

It is the policy of Child's Play Family Daycare to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF CHILD'S  
PLAY FAMILY DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING  
CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED  
FOR TRANSPORT.

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Parent/Guardian Signature	Parent/Guardian Signature
.	.
Date:	Date: