

DAYCARE SAMPLE REGISTRATION FORM



Child Information

CHILD #1

Name _____ Nickname _____ Age _____

Gender Male / Female _____ Birthday / / _____ Photo Release yes / no _____

Existing Medical Conditions _____

Allergies _____

CHILD #2

Name _____ Nickname _____ Age _____

Gender Male / Female _____ Birthday / / _____ Photo Release yes / no _____

Existing Medical Conditions _____

Allergies _____

CHILD #3

Name _____ Nickname _____ Age _____

Gender Male / Female _____ Birthday / / _____ Photo Release yes / no _____

Existing Medical Conditions _____

Allergies _____

Parent / Guardian Information

1ST PRIMARY GUARDIAN

First Name _____

Last Name _____

Relationship to Child _____

Email _____

Cell Phone _____

Home address _____

2ND PRIMARY GUARDIAN

First Name _____

Last Name _____

Relationship to Child _____

Email _____

Cell Phone _____

Home address _____

Parent / Guardian Information

EMERGENCY CONTACT INFORMATION

First _____

Email _____

Phone _____

Relationship to child(ren) _____

List names of those authorized to pick up child(ren):

DAYCARE SAMPLE REGISTRATION FORM



Parent / Guardian Information

PEDIATRICIAN INFORMATION

Doctor Name _____

Phone Number _____

Address _____

Preferred Hospital _____

Comments _____

Signature _____

Date _____