

Registration/Emergency Form

Name of child: _____
Last First Middle

Birthdate _____ Age _____ Sex _____

Address _____
Street City Zip

Parent/Guardian Information

1. Parent's Name _____ SS# _____

Home Phone _____ Work Phone _____

Pager or Cellular Phone _____

Location of parent while child is in care _____ (be specific)

2. Parent's Name _____ SS# _____

Home Phone _____ Work Phone _____

Pager or Cell Phone _____

Location of parent while child is in care _____ (be specific)

Parent/Guardian with legal custody _____

Custody Restrictions Yes ___ No ___ If so, Release **Only** to _____

Emergency Contacts

1. Name _____

Name _____

Home/Work Phone _____

Phone _____

Relationship to child _____
child _____

2.

Home/Work

Relationship to

3. Name _____

Name _____

Home/Work Phone _____

Phone _____

Relationship to child _____
child _____

4.

Home/Work

Relationship to

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

1. Name _____ Comment _____

2. Name _____ Comment _____

Emergency Information

Child's Physician _____ Physician's Phone _____

Preferred Hospital _____

Insurance Company _____ Policy # _____

Medicine allergic to _____

Food Allergies _____

Any other Allergies _____

Any special health conditions _____

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