



CHILD CARE CENTER REGISTRATION FORM

CHILD Name: _____ Nickname: _____ Sex: _____
Street Address: _____ D.O.B. _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Primary Email: _____
(Used for class reminders, HMCDS event reminders, etc.)

FATHER Name: _____ Email: _____
Home Address: _____ Home Phone: _____
(if different)
City: _____ State: _____ Zip: _____ Mobile Phone: _____
Employer: _____ Business Phone: _____
Business Address: _____

MOTHER Name: _____ Email: _____
Home Address: _____ Home Phone: _____
(if different)
City: _____ State: _____ Zip: _____ Mobile Phone: _____
Employer: _____ Business Phone: _____
Business Address: _____

LEGAL CUSTODIAN Name: _____ Email: _____
Home Address: _____ Home Phone: _____
(if different)
City: _____ State: _____ Zip: _____ Mobile Phone: _____
Employer: _____ Business Phone: _____
Business Address: _____

EMERGENCY CONTACTS [1] Name: _____ Relationship to Child: _____
Address: _____
Home Phone: _____ Business: _____ Mobile: _____
[2] Name: _____ Relationship to Child: _____
Address: _____
Home Phone: _____ Business: _____ Mobile: _____

DROP OFF / PICK UP

All children are greeted in the morning or on arrival by a staff member at the front desk. When departing children may only leave with an authorized adult.

Names of Person(s) authorized to pick up child: _____

Names of Person(s) *not* authorized to **visit or pick up** child: _____

If child attends a school other than HMCDS:

School's name: _____ Grade: _____ Phone: _____

Do you authorize the center to allow the child to participate in the following duly authorized activities, when feasible:

- Field trips Yes No (Please Read Transportation Policy Acknowledgement Form)
- Pony rides Yes No (Release/Waiver Required)
- Swimming Yes No (Summer Only – Swim Assessment Must Be Completed)

MEDICAL INFO

Name of Child's Physician: _____ Phone: _____

List any allergies or intolerances to food, medications, etc. and necessary treatment (If None, please state "NONE"):

The parent/guardian authorizes the child care center to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.

The child care center agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up the child thereafter as soon as possible.

Parent's Signature: _____ Date: _____

Child Care Center Administrator Signature: _____ Date: _____

Date Admitted

Date of Withdrawal