



CHILD CARE CENTER REGISTRATION FORM

CHILD

Name: _____ Nickname: _____ Sex: _____

Street Address: _____ D.O.B. _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Primary Email: _____
(Used for class emails, 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: _____

LOCAL 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 (4+ yrs old/Summer Only – Swim Assessment Must Be Completed)
- *Re-Application of Sunscreen/Bug Spray Yes No (Parents must apply before arrival;
(*HMCDS will supply sunscreen and low-DEET bug spray, but if you prefer to bring your own in, it must be labeled with your child's name and given directly to the teacher)

MEDICAL INFO

Name of Child's Physician: _____ Phone: _____

List any allergies or intolerances to food, medications, etc. and necessary treatment in detail (**If no allergies, 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