

**Daycare Registration Form**



Please print clearly with blue or black ink

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Nickname: \_\_\_\_\_

**\*Please provide a copy of your child's birth certificate.**

Mother's Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Pager or Cellular Phone: ( ) \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ ext. \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Pager or Cellular Phone: ( ) \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Parent/Guardian with legal custody \_\_\_\_\_

Parents are:

Married \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Single \_\_\_

Other Household Members:

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

Names: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships \_\_\_\_\_

**Emergency Contacts**

Emergency Contact (other than parents or guardian) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact (other than parents or guardian) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Other person (s) authorized to pick up my child: (Besides parents, guardians, or emergency contact)

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Person (s) **NOT** authorized to pick up my child:

Name: \_\_\_\_\_ Comment \_\_\_\_\_

Emergency Release

**Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Faith Baptist Preschool/Daycare. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Faith Baptist Preschool/Daycare/Academy, and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Faith Baptist Preschool/Daycare/Academy, and its employees harmless.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Information

1. Child's Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

2. Preferred Hospital: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

3. Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

4. Regular Medications: \_\_\_\_\_

5. Blood Type: \_\_\_\_\_

6. Medicine allergic to: \_\_\_\_\_

7. Food Allergies: \_\_\_\_\_

8. Any other Allergies: \_\_\_\_\_

9. Any special health conditions: \_\_\_\_\_

10. Please have the Student Medical Form completed and returned along with a copy of your child's shot record.

Field Trip Permission

I hereby request that my child, \_\_\_\_\_, be permitted to participate in field trips, to the park, or any other activities that would involve taking the child outside of the daycare for his/her benefit in attendance at this facility.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Persons signing contract are responsible for payment:***

*I understand this is a legally binding contract, and I have read it and understand it.*

Parent/Guardian (Mother) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Father) \_\_\_\_\_ Date: \_\_\_\_\_