Child Care Registration

Admission Date: ___/___/___ **Discharge Date: __/__/__**

Father's Full Name_____ **Phone: _____**

Mother's Full Name: _____ **Alternate: _____**

Address_____

City: _____ County: _____ **Zip Code:**
Mother's Place of Employment_____
Employer's Address_____ **Phone: _____**
Father's Occupation: _____
Hours at work: _____ to _____. Days at work: _____
Father's Place of Employment_____ **Department: _____**
Employer's Address_____ **Phone: _____**
Mother's Occupation: _____
Hours at work: _____ to _____. Days at work: _____
Child #1:
Name: _____ Age _____ DOB __/__/__ Sex [ ]M [ ]F

Is child up to date on shots? Yes No (circle) Date of last checkup: _____
Is child on any type of medication? Yes No (circle)

If yes, what?
Person responsible for paying for childcare: _____
Person responsible for picking up child/ren: _____ (Next Section Fill out only if applicable)
Parent/Guardian with legal custody: _____Decree on file? Yes or No (circle)
Parents are: Married /Divorced / Separated /Widowed /Single
By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	**Date**
Mother/Guardian's Signature	**Date**