



Daycare Registration Form

Child

Last Name:	
First Name	Middle Name:
Nickname:	
Birth Date:	Start Date:
NAMES OF SIBLINGS & BIRTH DATES:	

**PARENTS OR GUARDIANS**

(1) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	
(2) Last Name:	First Name:
Relationship to Child:	
Address:	
City:	Postal Code:
Home Phone:	Work Phone:
Employer:	

**OTHER EMERGENCY CONTACT**

Name:	Relationship to Child:
Home Phone:	Work Phone:

**AUTHORIZATION FOR PICKUP**

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name	Address	Phone
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A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.