

Registration Form

Please print clearly with blue or black ink.

Child's Full Name: _____ Birth Date: _____
Nickname: _____ Enrollment Date: _____

Mother's Full Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Work Phone _____ ext. _____
Name of Employer: _____
Business Address: _____
Email Address: _____

Father's Full Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Work Phone: _____ ext. _____
Name of Employer: _____
Business Address: _____
Email Address: _____

Parent/Guardian with legal custody _____
Parents are: Married _____ Divorced _____ Separated _____ Widowed _____ Single _____
Other Household Members:
Name: _____ Age: _____ Relationship _____
Name: _____ Age: _____ Relationship _____

Emergency Contacts

(Within 20 mile radius of daycare other than parent or guardian)

Primary Emergency Contact (other than parents or guardian) _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____
Secondary Emergency Contact (other than parents or guardian) _____
Home Phone: _____ Work Phone: _____
Relationship to Child: _____
Address: _____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)
Name: _____ Comment _____

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)
Name: _____ Comment _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by **Nancy Namuth**, 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 **Nancy Namuth** and its employees harmless.

Consent to Medical Care and Treatment:

Nancy Namuth shall not be responsible for providing or paying for the child's health care.

I agree that neither I or my child will bring any claims of any kind against **Nancy Namuth** and her employees as a result of any injuries, expenses or damages that I or my child may suffer in any way related to the use of our facilities, toys, other children, teachers, whether such claims are known or unknown or arise in the future.

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 Nancy **Namuth** and her employees harmless.

Consent for Field Trips:

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 out of the daycare for his/her benefit in attendance at this facility.

I hereby expressly waive any claim for injury or damage to such child arising out of such field trip and expressly agree to hold the **Nancy Namuth**, and her employees, harmless.

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: _____

Parent's Signature _____ Date: _____

Update Emergency Information Signature:

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Parent's Signature _____ Date: _____

Parent's Signature: _____ Date: _____

