

Childcare Registration and Enrollment Form

Please complete all sections of this form to register your child. This document is designed for physical printing and manual or digital completion.

1. Child's Information

Child's Last Name:	<input type="text"/>	Child's First Name:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>	Gender:	<input type="text"/>
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State / Zip:	<input type="text"/>

2. Parent / Guardian Information

Primary Contact

Full Name:	<input type="text"/>	Relationship to Child:	<input type="text"/>
Primary Phone:	<input type="text"/>	Secondary Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Employer / Work Place:	<input type="text"/>

Secondary Contact

Full Name:	<input type="text"/>	Relationship to Child:	<input type="text"/>
Primary Phone:	<input type="text"/>	Secondary Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Employer / Work Place:	<input type="text"/>

3. Emergency Contacts & Authorized Pickup

In case of emergency, if parents/guardians cannot be reached, please contact:

Contact 1

Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Phone Number:	<input type="text"/>		

Contact 2

Full Name:	<input type="text"/>	Relationship:	<input type="text"/>
Phone Number:	<input type="text"/>		

4. Medical and Health Information

Primary Physician Name:	<input type="text"/>	Physician Phone:	<input type="text"/>
Known Allergies:	<input type="text"/>		
Regular Medications:	<input type="text"/>		
Special Care/Dietary Instructions:	<input type="text"/>		

5. Enrollment Details

Requested Start Date: Days Requested (e.g., Mon-Fri, MWF):

Estimated Drop-off Time: Estimated Pick-up Time:

6. Authorizations and Signature

I certify that the information provided on this enrollment form is accurate and complete to the best of my knowledge.

Parent/Guardian Printed Name:

Parent/Guardian Signature (if completing on paper):

Date: