



# Childcare Registration

Your Name: \_\_\_\_\_

Child's Name(s) and age(s):

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Cell Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

List TWO Emergency Contacts other than yourself:

Contact Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Additional Number: \_\_\_\_\_

Any Allergies we need to be aware of:

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Special Instructions:

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