

Childcare Registration Form

Parent/ Guardian Name: _____

Parent/ Guardian Address: _____

Parent/ Guardian Phone Number(s): _____

Emergency Contacts, Name(s) & Number(s) (others who may pick up you child, list as many as you need to so that we will absolutely be able to contact someone who can take responsibility for you child): _____

Name of Child: _____

Date of Birth: _____

Medical Information:

Physician: _____

Insurance Info: _____

Medications: _____

Medication Instructions: _____

Allergies: _____

Food Preferences/ Restrictions: _____

Potty Trained? _____

Please list on the back of this form (or below if you're using a computer) any information that will help us better care for your child, such as: likes, dislikes, favorite activities...

Authorization for Emergency Medical Treatment:

By signing this agreement, the parent/ guardian affirms that he/ she is the person authorized to enter into this agreement, and authorizes the childcare volunteer on duty to seek and obtain emergency medical treatment for my child if circumstances appear to warrant such treatment. The parent/ guardian agree to reimburse the person or persons who obtain such emergency medical treatment for any expense reasonably incurred. The parent/ guardian agree to indemnify the person or persons who obtain such emergency medical treatment from any and all claims for payment by medical services providers arising from the incurring of reasonable medical expenses. _____