

# Family Registration Form

## Mslrene's SleepyTime Childcare

Please print clearly with blue or black ink.

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Nickname: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Nickname: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Nickname: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Nickname: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Cellular Phone: ( ) \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Driver's License # \_\_\_\_\_

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Father's Full Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Pager or Cellular Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Driver's License # \_\_\_\_\_

## Parent/Guardian with legal custody:

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

Parents are: Married \_\_\_ Living Together \_\_\_ Divorced \_\_\_ Separated \_\_\_  
Widowed \_\_\_ Single \_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Secondary Emergency Contact (other than parents or guardian)

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

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**Person (s) authorized to pick up my child:**

(Besides parents, guardians, or emergency pick ups)

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

Phone: \_\_\_\_\_

Kid Code: \_\_\_\_\_

*(Secret word between parent & child for identification and pick up)*

**Person (s) NOT authorized to pick up my child:**

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

Phone: \_\_\_\_\_

Name of other school child attends: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Hours they attend school: \_\_\_\_\_

Do you need transportation to this school? \_\_\_Yes or \_\_\_No

Do you need transportation from this school? \_\_\_Yes or \_\_\_No

**Emergency Release Statement:**

**Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a staff member at Mslrene SleepyTime Child Care LLC. 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 Mslrene's SleepyTime Child Care LLC and its employees harmless.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Consent to Medical Care and Treatment:**

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 Mslrene's SleepyTime Child Care LLC and its employees harmless.

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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## Medical 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:  
\_\_\_\_\_

## 10. Field Trip Permission

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 outside of the daycare for His/her benefit in attendance at this facility.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

***Persons signing contract are responsible for payment.***

Parent/Guardian (Mother) \_\_\_\_\_

Parent/Guardian (Father) \_\_\_\_\_