

# CHRONIC CHILDCARE REGISTRATION FORM

SHEET 1 OF 2

Childcare will only be provided for children between the ages of 6 -12 years old, and during the hours of the conference only.

## Parent/Guardian Information

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

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

Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

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

Employed By: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

## Child Information

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

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SHEET 2 OF 2

Childcare will only be provided for children between the ages of 6 -12 years old, and during the hours of the conference only.

## Child Information - Continued

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

## Emergency Contacts:

**1st Contact** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2nd Contact** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

## Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_

## Signature:

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

**Thank You!**