

Daycare Registration Form PDF

Child Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Home Address: _____

Parent/Guardian Information

Full Name: _____

Relationship to Child: _____

Contact Number: _____

Email Address: _____

Emergency Contact Details

Primary Contact Name: _____

Relationship to Child: _____

Contact Number: _____

Medical Information

Child's Physician: _____

Physician Contact Number: _____

Health Concerns or Allergies: _____

Medication Required: Yes [] No []

Enrollment Information

Start Date Desired: _____

Program Type: Full-Day [] Half-Day []

Days of the Week:

- Monday []
- Tuesday []
- Wednesday []
- Thursday []
- Friday []

Signature of Parent/Guardian: _____

Date: _____