

Child Registration Form

Please complete the form in blue or black ink.
All fields must be filled out completely in order to process registration.

Child's Information

Child's Name	Date of Birth	Nickname (if any)		
Email				
Address				
City/State/Zip			Home Phone	
Name to use for "Cloverdale ChildCare" Facebook Group (used to provide information to parents about important dates, events, deadlines, etc.)				
Child lives with: (Please Circle One)	Mother	Father	Both Parents	Guardian

Parent/Guardian Information

Parent/Guardian Name		Parent/Guardian Name	
Street Address		Street Address	
City/State/Zip		City/State/Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
Employer		Employer	
Employer Address		Employer Address	
Employer Phone	Ext.	Employer Phone	Ext.

Additional Information

Persons with legal custody: _____
(Attach pertinent paperwork such as a Court Order if a parent is not permitted to pick up child.)

Is your child FULLY POTTY TRAINED? (Please circle one) Yes No

Right or Left-Handed?

Days care is needed: (Please circle) Monday Tuesday Wednesday Thursday Friday

• Extended Day (7:30am – 6:00pm)

• Traditional (8:30-11:30am)

Emergency Contacts/Authorized Pick-Up

The following people are authorized to pick up my child and may be contacted in an emergency or illness in the event I cannot be reached. Please list persons within a 20-mile radius. **PERSONS LISTED MUST NOT BE PERSON WITH WHOM CHILD RESIDES. *Required Field**

*Name	Authorized to pick up: Yes No	*Name	Authorized to pick up: Yes No
*Home Number	*Work Number	*Home Number	*Work Number
Cell/Other Number	Relationship to child	Cell/Other Number	Relationship to child
*Home Address		*Home Address	

Person's NOT Authorized for Pick-Up

Please Note: Cloverdale Child Care **must** have a copy of the legal custody order in order to detain pick up from a parent.

Name		Name	
Home Number	Work Number	Home Number	Work Number
Cell/Other Number		Cell/Other Number	
Relationship to child		Relationship to child	

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		
Two People to Contact if Parent(s) Cannot Be Reached	<u>Address</u>	<u>Phone Numbers</u> Home: Work: Cell:
1.		
2.	<u>Address</u>	<u>Phone Numbers</u> Home: Work: Cell: