

OFFICE USE ONLY
ALL LINES MUST BE FILLED
IN COMPLETELY

TERM	
START DATE	
SITE	
PROGRAM	

ALTAVISTA AREA CHILD DEVELOPMENT CENTER REGISTRATION

First Name	Middle	Last	Name Child Goes By	Sex
Address			Birth Date	Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed				
Previous Child Care Programs or School Attended				Social Security #
School Attending				Grade Going Into Fall 2017

PARENTS/GUARDIAN

Mother	Place Employed	Business Phone
Mailing Address & Physical If Different	Cell #	Home Phone
Father	Place Employed	Business Phone
Mailing Address & Physical If Different	Cell #	Home Phone
Person(s) or Agency Having Legal Custody of Child (Who has custody of your child?)		
Home Address		Home Phone
Business Address		Business Phone

EMERGENCY INFORMATION

Food Allergies or Intolerances, Medication, Etc...	Actions To Be Taken In An Emergency	
Has your child ever been stung by a bee?	What was the reaction to the bee sting?	
NO _____ YES _____		
Child's Physician	Physician's Phone #	
Names & Addresses of Persons to contact if Parents can't be reached.		Phone
Name:		
Address:		
Relation to child:		
Name:		Phone
Address:		
Relation to child:		
All Other Authorized Persons to Pick up your Child with (4 digits of Social Security #)		
* Person(s) NOT AUTHORIZED to Pick Up Child		

*Appropriate paperwork such as custody papers or court orders are needed.