

OFFICE USE ONLY

TERM	
START DATE	
SITE	
PROGRAM	

ALTAVISTA AREA CHILD CARE REGISTRATION

First Name	Middle	Last	Name Child Goes By	Sex
Address (street, town, zip)				Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed: No_____				
If Yes please explain:_____				
Previous Child Care Programs or School Attended			Birth Date	
School Attending			Grade Fall 2018	

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 <u>Having Legal Custody of Child</u> . Address and Phone numbers if different from Parent/Guardian		

EMERGENCY INFORMATION

Food Allergies/Intolerances to Food or Medication	Has your child ever been stung by a bee ? NO_____
	If Yes___ what was the reaction ? _____
Actions To Be Taken In An Emergency	
Child's Physician	Physician's Phone #
Names & Addresses (street, town, zip) of persons to contact if Parents can't be reached.	Phone #'s (Cell, Home, Work)
Name:	
Full Address:	
Relation to child:	
Name:	Phone #'s (Cell, Home, Work)
Full Address:	
Relation to child:	
Other Person(s) Authorized to Pick up your Child	
NOT AUTHORIZED to Pick Up Child (Appropriate legal paperwork shall be on file when the custodial parent requests the center not to release the child to the other parent)	

What program is this registration for?

