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# DCYF Child Care Registration Form

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## Child's Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

## Parent/Guardian Details

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contacts

Name	Relationship	Contact Number	Alternative Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Health Information

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

Allergies or Special Needs: \_\_\_\_\_

### Attendance Schedule

Desired Start Date: \_\_\_\_\_

### Schedule Requirements:

- Full Week [ ]
- Specific Days [ ] (Please specify below)
- Monday [ ]
- Tuesday [ ]
- Wednesday [ ]
- Thursday [ ]
- Friday [ ]

Parent/Guardian Signature: \_\_\_\_\_

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