Daycare Registration Form Template

Section A: Child Details

Child's Legal Name: _____

Birthdate: _____

Address: _____

Section B: Family Information

Mother's Name: _____

Work Phone: _____

Father's Name: _____

Work Phone: _____

Section C: Emergency Information

Emergency Contact: _____

Phone: _____

Relation to Child: _____

Section D: Medical Profile

Known Allergies: _____

Special Dietary Needs: _____

Medical Conditions: _____

Section E: Program Details

Enrollment Options:

- **Full-Time [ ]**
- **Part-Time [ ]**
- **Mornings [ ]**

- **Afternoons [ ]**

Days Enrolled:

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

Parent/Guardian Signature: _____

Date: _____