

Childcare Registration Form for Parents

Childcare Center Details

Name of the Center: _____

Address: _____

Contact Number: _____

Email Address: _____

Parent/Guardian Information

1. Full Name: _____

2. Relationship to Child: _____

3. Phone Numbers:

○ Primary: _____

○ Alternate: _____

4. Email Address: _____

5. Residential Address: _____

Child's Information

● Name: _____

● Date of Birth: _____

● Gender: Male Female Other

● Preferred Language Spoken at Home: _____

Health Information

● Does the child have allergies? Yes No

If Yes, describe: _____

● Medications: _____

● Doctor's Name and Contact: _____

Authorized Pickup Information

1. Name: _____

○ Phone Number: _____

2. Name: _____

○ Phone Number: _____

Parent/Guardian Signature: _____

Date: _____