

Welcome to **PRECIOUS LITTLE ONES DAYCARE!**

Registration Form

Name Of Child:

Date of Enrollment: _____ Date of Birth: __/__/__ Sex: M F

Health Card Number: _____

Full Name of Mother: _____

Address: _____ Place of Work: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Full Name of Father: _____

Address: _____ Place of Work: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Custody Arrangements: _____

Persons other than parents authorized to pick up child in case of emergency:

1. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Are your child's immunizations up to date? Yes () No ()

Does your child have any health problems? Yes () No () Does your child have special needs?
Yes () No (). If yes, explain, are you willing to share a copy of your child's IFSP/IEP?

Does your child have any known allergies or take any medication on a regular basis? Yes () No ()
If yes, explain:

Does your child require medication to be administered while in care at **Precious Little Ones Daycare**?
Yes () No () If yes, please provide detailed instructions:

Is there anything else I should be aware of about your child? Yes () No () If yes, explain:

*I authorize **Precious Little Ones Daycare** to perform or obtain any First Aid or
emergency medical attention that my child may require.*

Signed: _____ Date: _____