

# DAYCARE REGISTRATION FORM

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**Business Name:** \_\_\_\_\_

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

*Comprehensive registration form for daycare and childcare enrollment. Covers child info, parent contacts, medical history, authorized pickup, and emergency procedures.*

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*\* Required fields*

**Child's Full Name \***

\_\_\_\_\_

**Child's Date of Birth \***

\_\_\_\_\_

**Child's Age \***

\_\_\_\_\_

**Gender**

*Options: Male / Female / Prefer not to say*

\_\_\_\_\_

**Parent/Guardian 1 — Full Name \***

\_\_\_\_\_

**Relationship \***

*Options: Mother / Father / Legal Guardian / Other*

\_\_\_\_\_

**Phone (Primary) \***

\_\_\_\_\_

**Phone (Work)**

\_\_\_\_\_

**Email \***

\_\_\_\_\_

**Home Address \***

\_\_\_\_\_

**Employer Name**

\_\_\_\_\_

**Parent/Guardian 2 — Full Name**

\_\_\_\_\_

**Parent/Guardian 2 — Phone**

\_\_\_\_\_

**Parent/Guardian 2 — Email**

\_\_\_\_\_

**Emergency Contact (other than parents) \***

\_\_\_\_\_

**Emergency Contact Phone \***

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**Emergency Contact Relationship \***

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**Authorized Pickup Persons (besides parents)**

*Name, relationship, and phone for each person*

**Allergies**

*Food allergies, medications, environmental...*

**Medical conditions**

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**Current medications**

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**Pediatrician Name \***

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**Pediatrician Phone \***

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**Dietary restrictions or preferences**

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**Schedule needed \***

*Options: Full-time (5 days) / Part-time (3 days) / Part-time (2 days) / Before/after school only / Drop-in*

I authorize emergency medical treatment for my child \*

I agree to the daycare's policies and handbook \*

**Parent/Guardian Signature \***

*Sign here*

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

**Client Signature:** \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_