SHALEM DAYCARE CENTRE

Registration Form

(include first, middle and last name)	Date Format: dd/mm/yyyy
Child's Name	Birthday//
Child's Name	Birthday//
Child's Name	Birthday//
Address	Phone
Has the child ever attended Day Care before? (Circle one	e) Yes No
Previous Day Care	
Date of Admission:/Days in Care:a.m. until p.m.	Hours in Care:
Mother's NameB	irthday/
Address	Phone
I.D.#	
Work Phone ()	
Employer	
Address	
Pager # ()	
Mobile # ()	
Email:	

Does the child(ren) live with the mother? (circle one) Yes No

Father's Name	Birthday/
Address	Phone
I.D.#	
Work Phone ()	
Employer	
Address	
Pager # ()	
Mobile # ()	
Please provide the following information for	any other adults who live with the child:
1. Name	·
Relation to Child	_
I.D.#	
Work Phone ()	
2. Name	
Relation to Child	_
I.D.#	
Work Phone ()	

reached: Relation to child: _____ I.D.# _____ Home Phone: _____-**Work Phone:** _____-2. Name: _____ Relation to child: _____ I.D.# _____ Home Phone: ____-**Work Phone:** _____-3. Name: _____ Relation to child: _____ I.D.# _____ Home Phone: _____-Work Phone: -4. Name: _____ Relation to child: I.D.# _____ Home Phone: _____-Work Phone: -Please list any special problems that your child may have, such as allergies, existing illnesses, previous illnesses, injuries during the past twelve months, any medications taken for long term use, and any other information which the staff should be aware of: Signature:

Date:

Persons authorized to pick up child(ren) / Emergency contacts if parents cannot be