



Ph: (585) 427-0700, Fax: (585) 427-0672

## Childcare Registration Form

Child's Name: \_\_\_\_\_ Male/Female (circle one)

Start Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email : \_\_\_\_\_ ( used for non-urgent communication)

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ ( used for non-urgent communication)

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

If the parents are separated, who has primary custody? \_\_\_\_\_

Are there other children in the family?

Name	DOB	M/F	Lives in household?
1. _____			<u>Y/N</u>
2. _____			<u>Y/N</u>
3. _____			<u>Y/N</u>
4. _____			<u>Y/N</u>

Your child will not be released to anyone without your expressed written consent. In the event of divorce cases, we must have a copy of court papers in order to enforce this. Please list persons authorized to pick up your child:

Name	Relationship to child
1. _____	
2. _____	
3. _____	
4. _____	

In case of emergency and parents cannot be reached, please list two other people with whom we can call. Select people familiar to your child, who live in the area, who have transportation, and who will usually know your whereabouts. Please discuss with them their responsibilities.

Name	Work & Home Phones	Relationship to child
1. _____		
2. _____		

My child's weekly schedule (please check one):

\_\_\_\_\_ Full days (up to ten hours) and full-time (Monday through Friday).

\_\_\_\_\_ Full days (up to ten hours) and part-time (4 days or less).

Please list the days: \_\_\_\_\_

\_\_\_\_\_ Half days (up to five hours).

Please list the days and times (if applicable):

\_\_\_\_\_

\_\_\_\_\_