



"From Russia with LOVE" day care

REGISTRATION FORM

Child's Name _____

Start date _____

Child's Home Address _____

Date of Birth _____ Gender male / female

Child's Nickname _____

Mother's Name _____

Address _____

Phone Home _____ Work _____ Cell _____

Email _____

Employer/Address/Phone _____

Father's Name _____

Address _____

Phone Home _____ Work _____ Cell _____

Email _____

Employer/Address/Phone _____

1. Emergency Contact Person authorized to pick up child (other than parent/ guardian)

Name _____

Address _____

Phone _____

2. Emergency Contact Person authorized to pick up child (other than parent/ guardian)

Name _____

Address _____

Phone _____

List **all** the names of persons authorized to pick up your child. No one will be permitted to pick up your child if their name is not listed below. All persons must have and show their picture ID. Make sure you list all adults even if you reside in the same household.

Child's Physician/Phone _____

Child's Dentist/Phone _____

Any Allergies or Special Needs _____

Hospital preference in case of an emergency _____

(please initial)

___ The center will notify the parents if child becomes sick.

___ As child becomes sick, the child should be picked up from the school as soon as possible.

___ The Parent should inform the school within 24 hours if child or a member of the family developed communicable disease.

Previous or present (other than "From Russia with LOVE") Childcare Provider Name & Phone Number

Any Additional Information

Signature _____

Date _____