

# Form 1

## REGISTRATION FORM

Child's full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Child's address \_\_\_\_\_

Phone number \_\_\_\_\_

### Parent or guardian information

Parent or guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Place and hours of employment \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Co-parent or guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Place of employment \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Persons authorized to pick up child \_\_\_\_\_

Persons who may not pick up child \_\_\_\_\_