

Heights Drop-In Childcare

New Family Registration Sheet

CONTACT INFORMATION:

Mother or Guardian Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Father or Guardian Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Family Password (Optional): _____

How did you hear about us? (Circle One) Current Customer Social Media TV Radio

Friend: _____ Drive-by Internet Mailer Newspaper Other

AUTHORIZED TO PICK-UP / EMERGENCY CONTACT:

1. Name: _____ Phone: _____

Relationship: _____ Email: _____

Authorized to pick up children (circle one) YES/NO

2. Name: _____ Phone: _____

Relationship: _____ Email: _____

Authorized to pick up children (circle one) YES/NO

3. Name: _____ Phone: _____

Relationship: _____ Email: _____

Authorized to pick up children (circle one) YES/NO

4. Name: _____ Phone: _____

Relationship: _____ Email: _____

Authorized to pick up children (circle one) YES/NO

CHILDREN'S INFORMATION: PLEASE ATTACH IMMUNIZATION RECORDS

1. Name: _____ D.O.B: _____

Allergies: _____

Medical Conditions: _____

Pediatrician Name: _____ Pediatrician Phone Number: _____

2. Name: _____ D.O.B: _____

Allergies: _____

Medical Conditions: _____

Pediatrician Name: _____ Pediatrician Phone Number: _____

3. Name: _____ D.O.B: _____

Allergies: _____

Medical Conditions: _____

Pediatrician Name: _____ Pediatrician Phone Number: _____

4. Name: _____ D.O.B: _____

Allergies: _____

Medical Conditions: _____

Pediatrician Name: _____ Pediatrician Phone Number: _____

TERMS AND CONDITIONS AGREEMENT:

I hereby acknowledge that I have been provided with and have read the Terms and Conditions of Heights Drop-In Child Care Center. I agree to all terms, conditions, and to adhere to all rules and regulations contained in this agreement.

Print Name: _____ Signature: _____ Date: _____