

**CALICO CAT PRESCHOOL AND DAYCARE
REGISTRATION FORM**

First Name

Middle Name:

Nickname:

Birth Date:

Start Date:

Program Enrolled for:

Start Date:

PARENTS OR GUARDIANS

(1) Last Name:

First Name:

Relationship to Child:

Address:

City:

Zip Code:

Home Phone:

Work Phone:

Employer:

(2) Last Name:

First Name:

Relationship to Child:

Address:

City:

Zip Code:

Home Phone:

Work Phone:

Employer:

OTHER EMERGENCY CONTACT

Name:

Relationship to Child:

Home Phone:

Work Phone:

Registration Fee \$50.00 Paid _____ Check number _____

Parent Signature _____

Calico Cat Director Signature _____

AUTHORIZATION FOR PICKUP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pick up your child on your behalf.

Name	Address	Phone
.	.	.
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.	.	.

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

MEDICAL INFORMATION

Doctor's Name

Office Phone

Address

City:

Zip Code

Medical Ins. #

Child's Personal ID#:

Allergies:

Medical Problems:

Medication:

IMMUNIZATION:

The Health Unit now requires that we have a photocopy of your child's recent immunization record in our files. Please include a photocopy with this registration form.