



BEST PRACTICE RESOURCE SAMPLE

REGISTRATION FORM FOR CHILD CARE

Please complete both sides of this form for each child

Date of Enrollment: _____

Name of Child: _____ Birthdate: ____/____/____ Sex: M ____ F ____
yy mm dd

Full name of Parent(s)/Guardian: 1. _____
2. _____

Address: 1. _____
2. _____

Telephone Numbers: HOME: 1. _____ WORK: 1. _____
2. _____ 2. _____

Place of work: 1. _____
2. _____

Care Card Number: _____ Family Doctor: _____
Phone Number: _____

PERSONS AUTHORIZED TO CALL FOR THE CHILD AND CONTACT IN EMERGENCY:
NAME Telephone Number

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Names of other children in family: _____ Birthdate: _____
_____ (yy/mm/dd) _____
_____ (yy/mm/dd): _____

Has the child had previous experience away from home? NO YES If YES, explain: _____

Do you think your child feels comfortable leaving parents? NO YES Explain: _____

Special instructions concerning Care, Medication, Diet, or **Custody**: _____

NO YES **ATTACH DOCUMENTATION**

