

Williams Christian Daycare Center
Registration Form

Adm. Date: / /
Dischge Date: / /

- 1. Child's Full Name: _____ Birthday: _____ Gender: _____
- 2. Child's Full Name: _____ Birthday: _____ Gender: _____
- 3. Child's Full Name: _____ Birthday: _____ Gender: _____
- 4. Child's Full Name: _____ Birthday: _____ Gender: _____

Days of Week in Attendance: M T W TH F Time in Care: ____am to ____pm

Meals Received: Breakfast / AM Snack / Lunch / PM Snack



Mother's Full Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Name of Employer: _____ Address: _____

Work Phone: _____ Ext. _____ Work Hours: _____



Father's Full Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

Name of Employer: _____ Address: _____

Work Phone: _____ Ext. _____ Work Hours: _____



Parent/Guardian with legal custody _____

Parents are: Married, Living Together, Divorced, Separated, Widowed or Single

Documentation of any limitation of parental rights of the other parents or stepparent:

YES _____ NO _____

Emergency Contacts and Pick Up Consent Form

(Please enter complete addresses

(Who is authorized to pick up your child at the end of day or in case of emergency within 10 mile radius of daycare other than parent or guardian)

Name: _____

Relationship to Child: _____

Address: _____

Phone: _____

Name: _____

Relationship to Child: _____

Address: _____

Phone: _____

Name: _____

Relationship to Child: _____

Address: _____

Phone: _____

Parent's Signature: _____

Authorizing above names for pickup at the end of the day or in case of emergency

Consent to Emergency Medical Care:

I/We authorize Williams Christian Daycare Center to secure EMERGENCY medical care for my/our child when I/we cannot be immediately reached at the time of emergency. I/we will be responsible for the emergency medical charges upon receipt of the statement.

Parent's Signature _____ *Date:* _____

Consent to Trips, Excursions, and Public Park Facilities:

I/We authorize Williams Christian Daycare Center to take my/our child on walking trips, special excursions, and to nearby public park facilities. I/we understand all such trips are under the supervision of a Williams Christian Daycare Center staff and that health and safety precautions are taken in compliance with Illinois standards for licensure.

Parent's Signature: _____ *Date:* _____

Complete each of the following sections by INITIALING or CHECKING either yes or no:

- My child may be photographed at the child care center _____ YES _____ NO
- My child's picture may be used in media, i.e Facebook, newspaper etc _____ YES _____ NO
- My child's can participate in holiday celebration _____ YES _____ NO
- I understand my child may be required to wear a face mask _____ YES _____ NO
Only children 2 years and older

Parent's Signature: _____ *Date:* _____

Does your child take any kind of medication on a regular basis? [] Yes [] No

Why? _____

Does your child have any known allergies? [] Yes [] No Take allergy medication? [] Yes [] No

Please list all allergies: _____

Does your child need an inhaler? [] Yes [] No

Does your child wear glasses? [] Yes [] No

Does your child have any physical or mental disabilities? [] Yes [] No

Please explain: _____

Is your child toilet trained [] Yes [] No