| Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup Is there is other information you would like us to know? Parent /Guardian 2 First Name: | | Registration Date: |
|--|---|---|
| Address: Date of Birth: Decoupation/Employer: Work Address: Work Phone: Cell Phone: Cell Phone: Work Phone: Cell Phone: Work Phone: Cell Phone: Work Phone: Cell Phone: Work Phone: Cell P | School Directory: Would you like your family to be include | d in our school directory? [] Yes [] No |
| Date of Birth: | Parent /Guardian 1 First Name:M.I | Last Name: |
| Occupation/Employer: | Address: | |
| Work Address: | Date of Birth: | Home Phone: () |
| [] Custodial Parent (If married, mark both parents) Email: | Occupation/Employer: | Cell Phone: () |
| Email: Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other | Work Address: | Work Phone: () |
| Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other | [] Custodial Parent (If married, mark both parents) | |
| Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other | Email: | |
| Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other | | |
| Date of Birth: Home Phone: () Occupation/Employer: Cell Phone: () Work Address: Work Phone: () [] Custodial Parent (If married, mark both parents) Email: Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other | Marital Status: [] Married [] Single [] Divorced [] Sep | parated [] Widowed [] Other |
| Parent /Guardian 2 First Name: | Relationship to Child: [] Mother [] Father [] Grandparer | nt [] Foster Parent [] Other |
| Parent /Guardian 2 First Name: | Mark All that Apply: [] Child Lives With [] Emergency C | Contact [] Authorized Pickup |
| Parent /Guardian 2 First Name: | | |
| Address: Date of Birth: Doccupation/Employer: Cell Phone: Work Address: Work Phone: [] Custodial Parent (If married, mark both parents) Email: Marital Status: Married [] Single [] Divorced [] Separated [] Widowed [] Other Relationship to Child: Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | Is there is other information you would like us to know? | |
| Address: Date of Birth: Doccupation/Employer: Cell Phone: Work Address: Work Phone: [] Custodial Parent (If married, mark both parents) Email: Marital Status: Married [] Single [] Divorced [] Separated [] Widowed [] Other Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | | |
| Address: Date of Birth: Doccupation/Employer: Cell Phone: Work Address: Work Phone: [] Custodial Parent (If married, mark both parents) Email: Marital Status: Married [] Single [] Divorced [] Separated [] Widowed [] Other Relationship to Child: Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | | |
| Address: Date of Birth: Cell Phone: Work Address: Work Phone: [] Custodial Parent (If married, mark both parents) Email: Marital Status: Married [] Single [] Divorced [] Separated [] Widowed [] Other Relationship to Child: Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | | |
| Address: Date of Birth: Cell Phone: Work Address: Work Phone: [] Custodial Parent (If married, mark both parents) Email: Marital Status: Married [] Single [] Divorced [] Separated [] Widowed [] Other Relationship to Child: Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | | |
| Address: Date of Birth: Doccupation/Employer: Cell Phone: Work Address: Work Phone: [] Custodial Parent (If married, mark both parents) Email: Marital Status: Married [] Single [] Divorced [] Separated [] Widowed [] Other Relationship to Child: Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | Parant /Cuardian 2 First Name: M.I. | Last Nama |
| Date of Birth: | | |
| Occupation/Employer: | | |
| Work Address: | | |
| [] Custodial Parent (If married, mark both parents) Email: Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | • • | |
| Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other | Work Address. | Work I none. () |
| Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other | | |
| Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | [] Custodial Parent (If married, mark both parents) | |
| Relationship to Child: [] Mother [] Father [] Grandparent [] Foster Parent [] Other Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | [] Custodial Parent (If married, mark both parents) | |
| Mark All that Apply: [] Child Lives With [] Emergency Contact [] Authorized Pickup | [] Custodial Parent (If married, mark both parents) Email: | |
| | [] Custodial Parent (If married, mark both parents) Email: Married [] Single [] Divorced [] Sep | parated [] Widowed [] Other |
| Is there is other information you would like us to know? | [] Custodial Parent (If married, mark both parents) Email: Marital Status: [] Married [] Single [] Divorced [] Sep Relationship to Child: [] Mother [] Father [] Grandparent | parated [] Widowed [] Othernt [] Foster Parent [] Other |
| Is there is other information you would like us to know? | [] Custodial Parent (If married, mark both parents) Email: Marital Status: [] Married [] Single [] Divorced [] Sep Relationship to Child: [] Mother [] Father [] Grandparent | parated [] Widowed [] Othernt [] Foster Parent [] Other |
| | [] Custodial Parent (If married, mark both parents) Email: Marital Status: [] Married [] Single [] Divorced [] Sep Relationship to Child: [] Mother [] Father [] Grandparer Mark All that Apply: [] Child Lives With [] Emergency C | parated [] Widowed [] Othernt [] Foster Parent [] Other |

| Child Information | |
|--|--|
| First Name: M.I. | Last Name: |
| Child's Address: | |
| Gender: [] Male [] Female Date of | Birth:/ |
| List any existing medical conditions, medication and/ | or special attention your child may require? |
| | |
| Allergies: | |
| | Phone: () |
| Address: | |
| Photographs: May we take and maintain a photo of your Emergency Contacts & Authorized Pickuj | |
| 1 st Contact/Pick Up First Name: | M.I Last Name: |
| Address: | |
| | Home Phone: () |
| Occupation/Employer: | Cell Phone: () |
| Email: | Work Phone: () |
| [] Emergency Contact | |
| [] Authorized to pick up the following children: | |
| 2 nd Contact/Pick Up First Name: | M.I Last Name: |
| Address: | |
| Relationship to Child: | Home Phone: () |
| | Cell Phone: () |
| Email: | Work Phone: () |
| [] Emergency Contact | |
| [] Authorized to pick up the following children: | |
| 3 rd Contact/Pick Up First Name: | _M.I Last Name: |
| Address: | |
| Relationship to Child: | Home Phone: () |
| Occupation/Employer: | Cell Phone: () |
| Email: | Work Phone: () |
| [] Emergency Contact | |
| [] Authorized to pick up the following children: | |

| MEDICAL HISTORY |
|---|
| Does your child have any allergies? Is your child currently on any medication? |
| Are there any other health-related issues we should know about? |
| |
| AUTHORIZATION FOR EMERGENCY MEDICAL CARE |
| In the case of an extreme emergency, we will call 911 and your child will be treated on the spot and/or taken to the nearest hospital. |
| I hereby authorize Four Seasons Child Care Center and their representative to sign for emergency care for my child, while enrolled and utilizing our facilities. I understand that a conscientious effort will be made to locate me or my emergency designates. In the event this is not possible, I accept full responsibility for any expense incurred. |
| Parent's signature Date: |
| +++++++++++++++++++++++++++++++++++++++ |
| Photograph Release Consent |
| As a parent of a child/children at Four Seasons Child Care, I agree to the following: |
| * I understand that my child may be photographed during normal daycare hours, field trips or activities . * I understand that these photographs may be used in classroom projects, newsletters, advertising, * I give permission for my child to be photographed for such purposes |
| Child's Name |
| I AGREE TO HAVE MY CHILD PHOTOGRAPHED |
| I DO NOT WANT MY CHILD PHOTOGRAPHED |