

Keystone Childrens Center Registration Form

CHILD INFORMATION

Child's Full Name: _____ Birth Date: _____

Home Address: _____ Home Phone: _____

PARENT INFORMATION

Parent/Guardian 1 Full Name: _____ Cell Phone: _____

Parent/Guardian 2 Full Name: _____ Cell Phone: _____

EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

AUTHORIZED PICK UP

List all individuals who are authorized to pick up your child:

INFANT SPECIFIC INFORMATION

Feeding Instructions: _____

Typical Sleep Schedule: _____

Does your child use a pacifier: Yes No

ALLERGIES: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Please describe any additional information you would like us to know about your child. This could include items your child likes, how to get them to sleep, tricks for soothing your child, etc.

(Parent/Guardian Signature)

Date