



## Family Registration Form

Today's Date: \_\_\_\_\_ Date Starting KayCare: \_\_\_\_\_

Days/Hours Needed (drop-off time to pick-up time):

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**Name of Child :** \_\_\_\_\_ Nickname \_\_\_\_\_

Child's age \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Sex: M\_\_ F\_\_

**Full name of Mother/Father:** \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_

**Full name of Father/Mother:** \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_

Parents are: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

### Additional Emergency Contacts:

1. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

( ) check if authorized to pick-up

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

( ) check if authorized to pick-up

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Other Person(s) Authorized to pick up child:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_