



PreK Moms AM CHILDCARE Registration Form (2018/2019)

Child's Last Name: _____ **First:** _____

Birthdate: ____/____/____ *Gender:* M F

Mother's Last Name: _____ **First:** _____

Cell Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Father's Last Name: _____ **First:** _____

(if applicable)

Who has permission to pick up your child(ren) in case of emergency?

Father - name: _____ Phone: _____

Relative/Friend - name: _____ Phone: _____

Food Allergies/Special Instructions:

****Cell Number we can use to reach you during PreK Moms meetings if we need to page you:****

(_____) _____ - _____