



**PreK Moms CHILDCARE Registration Form (2017/2018)**

**Child's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

*Birthdate:* \_\_\_\_/\_\_\_\_/\_\_\_\_ *Gender:* M F

**Mother's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

*(if applicable)*

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

Father - name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative/Friend - name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Emergency Contact**

Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Food Allergies/Special Instructions:**

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

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_