



Registration

Please complete the following and list all children who will be in our care.

CHILD'S NAME _____ DOB _____

Child's Social Security # _____ - _____ - _____

CHILD'S NAME _____ DOB _____

Child's Social Security # _____ - _____ - _____

Scheduled Days M T W TH F HOURS _____

Father (Guardian) _____ Home Phone _____

Address _____ Cell Phone _____

SS# _____ - _____ - _____

Employer _____ Work Phone _____

Email _____

Mother (Guardian) _____ Home Phone _____

Address _____ Cell Phone _____

SS# _____ - _____ - _____

Employer _____ Work Phone _____

Email _____

Persons to call in case of emergency when parents cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Persons to whom your child may be released to in the event parent is not available:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

CONSENT TO CONTACT IN CASE OF EMERGENCY:

In the event I cannot be reached to make arrangements, I hereby give consent to Children's Discovery center staff members to contact: Doctor _____ Phone _____

Address _____ and, if necessary, take my child to the nearest hospital or emergency clinic.

Signature of Parent or Legal Guardian _____ Date _____

FIELD TRIPS: I give permission for my child to go on trips away from the premises of Children's Discovery Center whether by foot or by vehicle with notice to where the field trip will be:

PUBLICITY: In the event that Children's Discovery Center is included in any newspaper, radio or television, publicity, I give permission for my child(ren) to be included in the photographs, film, ect.

Signature of Parent or Legal Guardian _____ Date _____