



# CHILDREN'S ARK DAY CARE

## FAMILY REGISTRATION FORM

SHEET 1 OF 2

### Parent/Guardian Information

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

### Child Information

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

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

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No