

CAPITAL KIDS REGISTRATION FORM

Date _____

Date of Enrollment _____

Child's Name: _____ Nickname (if any) _____

Age _____

Birthday _____

Male ___ Female ___

Home Address _____

Mother's/Guardian's name _____ **Home Phone** _____

Home Address (if different from child's) _____

Place of Employment _____ **Work Phone** _____

Address of Employment _____ Work Fax _____

Work Hours _____ Social Security Number _____

Father's/Guardian's Name _____ **Home Phone** _____

Home Address (if different from child's) _____

Place of Employment _____ **Work Phone** _____

Address of Employment _____ Work Fax _____

Work Hours _____ Social Security Number _____

Parent's Marital Status: Married ___ Single ___ Divorced ___

Person(s) or Agency having Legal Custody of child _____

Please attach appropriate paper work such as Divorce Decree if a parent is not allowed to pick up child.

List **two** people other than yourself that we can contact in the case of an **EMERGENCY**:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Person(s) **Authorized to pick up your child** (other than yourself) _____

Person(s) **NOT** authorized to **pick up your child** _____

Child's Physician _____ Phone _____

Any Medical Problems? Chronic Physical Problems? _____

Pertinent Developmental Information _____

Allergies/Intolerance to food/medicine/or special instructions in caring for your child _____

Signature of Parent/Guardian: _____ **Date:** _____

