



Registration Form

Child's Name: D.O.B.

Child Lives With: Both Parents Mother Father Other

Person responsible for paying for childcare:

Name Guardian # 1

Phone: Cell:

Email: Alt:

Address: City: CA Zip:

Name Guardian # 2

Phone: Cell:

Email: Alt:

Address: City: CA Zip:

Name Emergency Contact

Phone: Cell:

Email: Alt:

Address: City: CA Zip:

Doctor's Name: Medical Info

Phone: Cell:

Preferred Hospital Phone:

Is your child up to date on shots? Yes No Date of last checkup:

Sign Date

parent or guardian



Permission to Photograph

Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Name:	<input type="text"/>		
Parent's Name	<input type="text"/>		

I grant/wont grant permission to photograph, videograph or record audio of my child for the following reasons.

Use photographs on bulletin board, scrapbook or other similar uses	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Use photographs for promotional materials	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Use the videos for promotional materials	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Use the audios for promotional materials	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Photographs, videos and audios will never be sold, distributed, or placed on social medias or website without written permission.

<input type="text"/>	<input type="text"/>
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parent or guardian