



Children's Activity Center Registration Form

Parent Name _____

Parent Name _____

Child's Name _____

Birth date _____

Medical Need and/or Allergy: _____

Important information the Child Care Staff should know.

Child's Name _____

Birth date _____

Medical Need and/or Allergy: _____

Important information the Child Care Staff should know.

Child's Name _____

Birth date _____

Medical Need and/or Allergy: _____

Important information the Child Care Staff should know.

Medical Need and/or Allergy-- Please note that the above information will be used only to inform the Child Care Staff of your child's needs. This information will be kept strictly confidential in all other circumstances. As an additional precaution, we do recommend stickers for children with potentially dangerous conditions including (but not limited to) a milk/dairy allergy, food allergy, latex allergy, severe asthma, and diabetes.

Emergency Contacts-- Emergency information will be used in the case of an injury or medical situation to the parent/guardian which leaves them unable to pick up their children. A photo ID must be presented to the CAC receptionist by the Emergency Contact at the time of pick-up.

Name: _____

Name: _____

Relation: _____

Relation: _____

Phone #: () _____

Phone #: () _____

**I have received and will be responsible for all information on the "Children's Activity Center" Policy Card which is available to me in the CAC.*

Parent Signature _____

Date _____

For Office Use Only: Collected ___ CSI ___