

CRADLE TO CRAYONS
REGISTRATION INFORMATION

NAME OF CHILD _____ ADMISSION DATE _____
BIRTHDATE _____ AGE _____ SEX _____
CURRENT ADDRESS _____
HOME PHONE _____ EMAIL _____
MOTHER/GAURDIAN _____ DAY PHONE _____
CURRENT ADDRESS _____ CELL PHONE _____
PLACE OF EMPLOYMENT _____
EMPLOYERS ADDRESS _____
** SPECIAL INSTRUCTIONS TO REACH YOU AT WORK _____
FATHER/GAURDIAN _____ DAY PHONE _____
CURRENT ADDRESS _____ CELL PHONE _____
PLACE OF EMPLOYMENT _____
EMPLOYERS ADDRESS _____
**SPECIAL INSTRUCTIONS TO REACH YOU AT WORK _____

IN CASE OF EMERGENCY - IF WE ARE UNABLE TO REACH YOU- CALL:

NAME _____ PHONE _____
ADDRESS _____ RELATIONSHIP _____

NAME _____ PHONE _____
ADDRESS _____ RELATIONSHIP _____

YOUR CHILD WILL NOT BE RELEASED WITHOUT YOUR WRITTEN PERMISSION

Please list the people you authorize to pick up your child

1. _____ Phone _____
Address _____

2. _____ Phone _____
Address _____

3. _____ Phone _____
Address _____

Physician for child _____ Phone _____

Address of Physician _____

Hospital preference in case of emergency _____

Address _____

Hospital Phone Number _____

Dentist for child _____ Phone _____

Address _____

KNOWN ALLERGIES _____

Signature of Parent/Guardian _____

