

VICCC  
CHILD REGISTRATION FORM

Child Name (First, Middle, & Last)	Nickname	Sex	Date of Birth
Address		Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program:			
Grade:			

PARENTS/GUARDIAN

Mother	Listed on Birth Certificate <input type="checkbox"/>	Place Employed	Hours Worked
Home Address		Home Phone	Cell Phone
		Work Phone	E-mail
Father	Listed on Birth Certificate <input type="checkbox"/>	Place Employed	Hours Worked
Home Address		Home Phone	Cell Phone
		Work Phone	E-mail
Person(s) or Agency Having Legal Custody of Child			
Home Address (If other than parent)		Home Phone	Cell Phone
		Work Phone	E-mail

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc. and action to take in an emergency		
Child's Physician	Address on blue Form checked <input type="checkbox"/>	Phone
Names and Addresses of Two People To Contact if Parents Cannot Be Reached		Phone
1.		1.
2.		2.
Person(s) Authorized to Pick-Up Child		
Person(s) <u>NOT</u> Authorized to Pick-Up Child		