



3203 MINNESOTA AVENUE
PANAMA CITY, FL 32405
(850) 248-3800

Child Care Registration Form

Date of Enrollment: _____
Full Name of Child: _____ Nickname: _____
Birth date: ___/___/___ Sex: ___M ___F Allergies/Reaction: _____

Is your child toilet trained? Y / N (circle one). If not, is s/he trying to use the toilet? Y / N (circle one).

Full name of Mother: _____ Membership No.: _____

Full name of Father: _____ Membership No.: _____

Mother's Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Place of work: _____

Father's Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Place of work: _____

The following adult(s) are authorized to pick up my child (with proper ID):

1. Name: _____
Relationship to child: _____
Contact Phone: _____
2. Name: _____
Relationship to child: _____
Contact Phone: _____

Please list any person(s) NOT permitted to pick up your child:

Names of other children in family:

Name: _____	Birth date: ___/___/___
Name: _____	Birth date: ___/___/___
Name: _____	Birth date: ___/___/___

Are your Child's immunizations up to date? Yes () No ()

If no please explain: _____

(Date)

(Signature of parent/guardian)