

JDS DAY CARE LLC. REGISTRATION FORM

PLEASE COMPLETE IN FULL AND RETURN TO THE OFFICE.

Date of Admission			
Child's Name			Date of Birth
Address	City, State	Zip	Phone
Mother's Name			
Address	City, State	Zip	Phone
Employer	Address	City, State, Zip	Phone
Father's Name			
Address	City, State	Zip	Phone
Employer	Address	City, State, Zip	Phone
Other Telephone Numbers where parents can be reached.			
Mother		Father	

People to be contacted in case of an emergency if the parent cannot be contacted:

Name		Name	
Address		Address	
City, State, Zip	Phone	City, State, Zip	Phone
Relationship to child		Relationship to child	
Name of Physician/Clinic		Name of Dentist/Clinic	
Address		Address	
City, State, Zip	Phone	City, State, Zip	Phone

Either Part I or Part II below must be completed. Please do not complete both.

Part I: Permission to Transport Child		Part II: Refusal to Grant Permission to Transport Child	
I give _____ my permission to Transport my child, _____ To _____ for emergency medical care or to _____ for emergency dental care, or to the nearest available source of assistance.		I do not give _____ my permission to Transport my child, _____ To _____ for emergency medical care or to _____ for emergency dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the child care facility to take the following actions: _____	
Parent's Signature	Date	Parent's Signature	Date

