



Drop-in Care Registration Form

Registration Date _____ Registration Fee: \$50 _____ (paid) Initials of admin _____

Table with 6 columns: Full Name of Each Child (First & Last Name), Date of Birth, Sex, Food or Medical Allergy?, Take Medications?, Activity Restrictions?. Rows 1, 2, 3.

If you circled "Yes" to any of the above questions, please explain. Specify the child's name and question:

Three horizontal lines for providing explanations.

Parent/Guardian Information:

Parent 1 _____ License # _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Parent 2 _____ License # _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Emergency Contacts:

Name _____ Phone # _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

By signing below, I certify that all the information given above is correct and complete. I hereby release Tiniciti Preschool from any liability resulting from normal child play.

Signature _____ Date _____

How did you find out about us? _____ Were you referred by anyone? _____

If someone referred you, please write their name: _____