

**Utica Community Day Care Inc.
Registration Form**

Child's Name: _____ Date of Birth: _____

Address: _____
(# & Street) (City/Town) (Postal Code)

Home Phone #: _____

Mother Name: _____ Father's Name: _____

Cell Phone # _____
(Mother) (Father)

Alternate Contact/Alternate Release Person (Names and personal information for someone to whom your child may be released without your prior consent in the event of an emergency – list any additional people below):

Alternate Contact Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Relationship to Child: _____

Medical Information

Doctor: _____ Phone #: _____

Health Card #: _____

Doctor's Address: _____
(# & Street) (City/Town)

List of know allergies and care required: _____

Release Information

I give permission for staff at the daycare to (cross off any points to which you do not agree):

- Take my child for medical attention in the case of emergency
- Apply Sunscreen and/or insect repellent

Signature of Parent/Guardian: _____ Date: _____