

Childcare Registration Form

Last Name:		
First Name	Middle Name:	
Nickname:		
Age:	Birth Date:	
NAMES OF SIBLINGS & BIRTH DATES (needed only if receiving care also, separate registration form needed for each child receiving care):		
PARENTS OR GUARDIANS		
(1) Last Name:	First Name:	
Address:		
City:	Zip Code:	
Home Phone:	Work Phone:	
OTHER EMERGENCY CONTACT		
Name:	Relationship to Child:	
Home Phone:	Work Phone:	
AUTHORIZATION FOR PICKUP		
Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.		
Name	Address	Phone
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GENERAL HEALTH/MEDICAL INFORMATION		
Allergies:		
Medical Problems:		
Medication:		
ADDITIONAL INFORMATION: Please indicate likes/dislikes, potty training, special interests, etc.		
Parent/Guardian Signature: _____		
Date: _____		

Mail completed form to: Community Action Program
418 Washington St.
Covington, IN 47932
Attn: Kathy Walker