Bringing people together

Childminding Program Registration Form

Please bring completed form to Childminding

Date: _____

Child's Name: _____ _____
First Last

Child's Date of Birth: _____ _____ _____
Year Month Date

Address: _____
_____

Email: _____

Home Phone #: _____
Cell Phone #: _____

Membership #: _____ _____
Child Parent

Child's Allergies: ☐ Yes ☐ No Details:_____
_____
_____

Any other information we should know?_____
_____
_____

Date: _____ Parent's Signature: _____
Staff Signature: _____ Print name: _____