

## Little Lambs Christian Childcare Registration and Emergency Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Nickname: \_\_\_\_\_ Infant: \_\_\_\_\_ Toddler: \_\_\_\_\_ Preschool: \_\_\_\_\_

Schedule: \_\_\_\_\_ Hours: \_\_\_\_\_  
          M        T        W        TH        F

Fathers Name: \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address (different from above) \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address (different from above) \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address (different from above) \_\_\_\_\_

### Emergency Information (Who to call if parents/Guardians cannot be reached)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell or Work \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell or Work \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell or Work \_\_\_\_\_

### Medical/Dental Information

Doctor's Name \_\_\_\_\_ Office Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Office Number \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

I do / do not allow my child's photo to be taken for publicity purposes for Little Lambs

Mother Email \_\_\_\_\_ Father Email \_\_\_\_\_

*Little Lambs Christian Childcare is a Non-Denominational Center.*