



CHILD REGISTRATION FORM

Child's Name: _____ Sex: M F Date of Birth: _____

Home Address: _____

Previous Child Care Provider or Center: _____

Expected days/hours child will attend Kidstretch:

Monday	Tuesday	Wednesday	Thursday	Friday
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Family Information:

Mother/Guardian: _____ Custodial Parent/Guardian: Yes No

Home Phone: _____ Cell Phone: _____

Home Address: Same as child or _____

Email Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

Father/Guardian: _____ Custodial Parent/Guardian: Yes No

Home Phone: _____ Cell Phone: _____

Home Address: Same as child or _____

Email Address: _____

Employer: _____ Work Phone: _____

Work Address: _____

Child's Health and Nutrition Information:

Does your child have allergies? Yes No Allergic to: _____

Actions to be taken during allergic reaction: _____

List special dietary requirements: _____





List chronic medical conditions/developmental information/special accommodations: _____

Doctor's Name: _____ Doctor's Phone: _____

Health Insurance Company: _____ Policy Number: _____

Emergency Contact and Child Release Information:

*In case of emergency and the parent/guardian cannot be reached, Kidstretch may contact the following individuals who are also authorized to pick up child:

1. Emergency Contact Name: _____ Relationship to Child: _____

Cell Phone: _____

Full Home Address: _____

2. Emergency Contact Name: _____ Relationship to Child: _____

Cell Phone: _____

Full Home Address: _____

ADDITIONAL Person(s) Authorized to Pick up Child (List Name and Cell Phone #):

Person(s) NOT Authorized to Pick Up Child*: _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

Parent/Guardian Signature: _____ Date: _____



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www.homestretchva.org/kidstretch