

**Nikki's Christian Daycare Learning Center  
Registration Form**

Child's Name	Nickname	Date of Birth	Sex
Street Address	City, State	Zip Code	Home Phone
Chronic physical problems/pertinent developmental information/special accommodations needed:			
Previous child day care programs and schools attended:			
If child attends this center and another school/program, give name of school/program:			

**PARENT(S)/GUARDIAN(S)**

Father's Name	Date of Birth	Home Street Address	
City, State	Zip Code	Home Phone	Cell Phone
<b>Email Address</b>	Place of employment	Business Street Address	
City, State		Zip Code	Business Phone
Mother's Name	Date of Birth	Home Street Address	
City, State	Zip Code	Home Phone	Cell Phone
<b>Email Address</b>	Place of employment	Business Street Address	
City, State		Zip Code	Business Phone

**EMERGENCY INFORMATION**

Allergies or intolerance to food, medication, etc., and action to take in an emergency:
Child's Physician (please include physician's name, address, phone number, and name of insurance (if applicable):

Please list two (2) people to contact if parent's cannot be reached:

1.	Full Address	Phone	Relationship
2.	Full Address	Phone	Relationship

Person(s) authorized to pick up child:
--

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.

\* NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.