

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Date of Birth.: _____

Email: _____ Driver's License #: _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Date of Birth: _____

Email: _____ Driver's License #: _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed []

Other _____

Child Information

Full-Time/Part-Time

Days: Mon. Tues. Wed. Thurs. Fri.

Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Location: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

Authorization for Emergency

I hereby Grant the staff of Rainbow Palace to seek emergency medical care for my child: _____.
The staff will attempt to contact the child’s parents or guardians to inform them of the emergency. However, such communication is not a precondition to the permission and authorization herein the staff of Rainbow Palace.

Sign Date

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____
Address: _____ Date of Birth: _____
Relationship to the Child: _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____
Address: _____ Date of Birth: _____
Relationship to the Child: _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____
Address: _____ Date of Birth: _____
Relationship to the Child: _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____
Address: _____ Date of Birth: _____
Relationship to the Child: _____
 Able to pick up all children in the family
 Not able to pick up the following children: _____

Signature:

Parent’s Signature: _____ Date: _____

Thank You!