



REGISTRATION FORM

WALDORF, MD 2090 Crain Hwy., Waldorf, MD 20601 301-632-3074, FAX 301-632-3075	CALIFORNIA, MD 22789 Three Notch Road, California, MD 20619 301-866-1830, FAX 301-866-1831	HUGHESVILLE, MD 15260 Prince Frederick Road Hughesville, MD 20637 301-632-3074 FAX: 301-632-3075
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Mother Name/Legal Guardian:		Home #:	Work Phone:
Home Address:		Parent's Birthday:	Cell Phone: Carrier
Father Name/Legal Guardian:		Home #:	Work Phone:
Home Address if different from above:		Parent's Birthday:	Cell Phone: Carrier
Date of Birth:	Is this your child's first child care experience? ___ Y ___ N		Age:
Child's Name:			
Approximate Arrival and Departure Time:		How did you hear about us?	
Email Address:			

Does your child have any allergies or special needs? ___ Y ___ N	If yes, Explain:
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Two People to Contact if Parent(s) Cannot Be Reached. Please do not provide numbers for people without transportation. Names and Numbers should be updated when necessary.

Name:	Relationship to child:	Phone/home/cell:
Name:	Relationship to child:	Phone/home/cell:

I do ___ I do not ___ give permission to have my child appear in any media coverage approved by Hughesville CDC. Media coverage includes future usage of photos for advertisement purposes only.

Person(s) NOT Authorized To Pick Up Child. *Appropriate paperwork, such as custody papers shall be attached if parent is not allowed to pick up the child. Name(s): _____ Relationship to child: _____

By signing this, you agree to the terms listed above.

Signature: _____ Date: _____