

CORNERSTONE ACADEMY DAY CENTER

Registration Form

Child's Name	Nickname	Sex	DOB
Address		Home Phone	
Previous Child Care Programs	Other school child will be attending	School Phone	

Parents/Guardian

Father	Social Security Number	Home Phone
Place of Employment	Business Phone () Email: Cell Phone ()	
Mother	Social Security Number	Home Phone
Place of Employment	Business Phone () Email: Cell Phone ()	
Person(s) or Agency having legal custody of child and address	Phone Number ()	
Place of Employment	Phone Number	

EMERGENCY INFORMATION

Allergies to Food, Medication and Other	
Childs Physician	
EMERGENCY CONTACT PERSONS TO CALL IF PARENTS CANNOT BE REACHED, WE MUST HAVE AT LEAST 2 (TWO) CONTACTS	
1. Name	Phone #
Address	
2. Name	Phone #
Address	
Person (s) Authorized to pick up child	Phone #
1.	Phone #
2.	Phone #
3.	Phone #
Persons not Authorized to pick up child (Custody papers must be attached if non custodial parent is not allowed to pick up child)	
1.	
2.	