

Registration Form _ Sweet Home Kids Drop in Care

Child Information

Date: _____

Child Name _____

Care Card Number _____

Date of Birth _____

Gender _____

Parent Information

Parent Name _____

Address _____

Contact Phone Number _____

E-mail Address _____

Emergency Contact

Emergency Contact Person _____

Phone Number _____

Relation _____

Alternate Person Information

Name _____

Phone Number _____

Relation _____

Family Doctor

Doctor Name _____

Phone Number _____

Child Information about medication, diet etc.....

Illness/Allergy/Medical Disability? _____

Special Respecting the Child's diet? _____

Medication, participation in a program? _____

Not permit person? _____

Please fill up all information. This information is used only for our facility' s purpose. Only parent of each child, public officer and our staff can access to this record.

Staff Only