



PreK Moms AM **CHILDCARE** Registration Form

**TODAY'S DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Child's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

*Birthdate:* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ *Gender:* M F

**Mother's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Father's Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

*(if applicable)*

**Who has permission to pick up your child(ren) in case of an emergency?**

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Friend/Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

**Food Allergies/Special Instructions:**

**\*\*Cell Number we can use to reach you during PreK Moms meetings if we need to page you:\*\***

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_