



Warwick River Christian Child Care

250-A LUCAS CREEK ROAD, NEWPORT NEWS, VA 23602 • (757) 877-0130 • FAX (757) 877-6510 • WWW.WRCS.INFO

Registration Form

Child's Name: _____ Nickname: _____

Sex: _____ Birthdates: _____ Phone: _____

Address: _____

Church Affiliation: _____ Congregation: _____

E-Mail Address: _____

PARENTS/GUARDIAN

Mother: _____ Employer: _____

Home Phone: _____ Business Phone: _____

Home Address: _____

Father: _____ Employer: _____

Home Phone: _____ Business Phone: _____

Home Address: _____

Person(s) or Agency Having Legal Custody of Child: _____

Home Address: _____ Home Phone: _____

Business Address: _____ Business Phone: _____

EMERGENCY INFORMATION

Child's Physician: _____ Phone: _____

Person to contact if parent/guardian cannot be reached:

1: Name: _____

Address: _____ Phone: _____

Relationship to child: _____

2. Name: _____

Address: _____ Phone: _____

Person(s) authorized to pick up child: _____

Person(s) NOT authorized to VISIT or PICK UP CHILD: _____

If child attends this center and another school also, give name of school: _____

_____ Grade: _____ Phone: _____

AGREEMENTS

1. The parent gives authorization for the child to participate in field trips:
Yes _____ No _____
2. The child care center agrees to notify the parent/guardian whenever this child becomes ill, and the parent/guardian agrees to PICK UP CHILD AS SOON AS POSSIBLE.
3. The parent/guardian authorizes the child care to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
4. Other: _____

Allergies: _____

SIGNATURES

Parent or Guardian: _____ Date: _____

Administrator of Center: _____ Date: _____

Date child entered child care: _____ Date: _____

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For Administrator only

Previous Child Care Center _____ Birth Certificate _____