c.a.r.e. CHILDREN'S PROGRAM REGISTRATION Date:__/ /____

Parent Program_____ Days/Time_____

Child(ren) Name Birthdate Age

_____

_____

_____

Parent/Guardian Info Name_____

Address_____

Phone_____

Who will bring/pick-up the child(ren)?_____
(Only adults listed will be allowed to pick up a child from our programs)

Medical conditions each child has such as asthma or diabetes:_____

Indicate all medications your child(ren) is taking at this time:_____

List all of your child's allergies:_____

Our Funding sources require ethnic information. Please Check One:

_____African American _____Caucasian _____American Indian

_____Asian Pacific _____Hispanic _____Other

Please tell us about your child (happy, sad; their favorite toys, hobbies, books; things you do together, etc.)

_____

_____

_____

_____

_____

_____