



J.A.M. CHRISTIAN DAYCARE

Partnering with Parents to Develop the Whole Child

REGISTRATION FORM

Child's Information

First name

Last name

M.I.

Street address

Street address line 2

City

State

Zip code

Male or female?

Female

Male

Hours of child care required (school hours are 6:30 am to 6:00 pm)

Full day

Half-day morning

Half-day afternoon

Other

Days of the week required

Monday

Tuesday

Wednesday

Thursday

Friday

Parent's Information

Parent's/Guardian's name

Phone number

Place of work

Email address

Emergency Contact 1

In the event of an emergency, please contact:

EC1 - First name

EC1- Last name

EC1- Primary phone number

EC1 - Secondary phone number

Emergency Contact 2

In the event of an emergency, please contact:

EC2 - First name

EC2 - Last name

EC2 - Primary phone number

EC2 - Secondary phone number

Other people authorized to pick up your child from school

A1 - First name

A1 - Last name

A2 - First name

A2 - Last name

Medical information

Doctor

Doctor's phone number

Dentist

Dentist's phone number

Preferred hospital

Insurance/health coverage

Please list any of the following: Current medications, medication allergies, food allergies, or chronic health concerns.

Any Additional Information You Think Would Be Helpful: