



## CHILDREN'S CENTER REGISTRATION PACKET

### ELIGIBILITY:

Student \_\_\_\_\_ # of Credit Hours \_\_\_\_\_ Student ID# / Social \_\_\_\_\_

Faculty/Staff \_\_\_\_\_ Related to F/S \_\_\_\_\_ Relative Name/Dept \_\_\_\_\_

### CHILD INFORMATION:

First Name:	M:	Last Name:
Sex M / F		
Birthdate:		
Street Address:		
City:	State:	Zip: -

Allergies:	
Speech, Hearing, Vision Problems:	
Current health problems/Restrictions:	

PARENTS: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single ( ) Foster ( ) Guardianship

	Father	Mother
Name:		
Home Phone:	( ) -	( ) -
Work Phone:	( ) -	( ) -
Cell Phone:	( ) -	( ) -
Email:		
Home Address:	Street: City: State: Zip: -	Street: City: State: Zip: -
Employer:		

**EMERGENCY CONTACT INFORMATION:**

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship to child		
Home Phone	( ) -	( ) -

**PICK-UP INFORMATION:**

You may designate *two people in addition to yourself and your emergency contacts* that HAVE permission to pick up your child. These people will be required to provide identification when picking up your child.

	<b>Person 1:</b>	<b>Person 2:</b>
Name		
Relation		
Address	Street: City:                      State:                      Zip: -	Street: City:                      State:                      Zip: -
Home	(    )    -	(    )    -
Work	(    )    -	(    )    -
Cell	(    )    -	(    )    -
	<b>Person 3:</b>	<b>Person 4:</b>
Name		
Relation		
Address	Street: City:                      State:                      Zip: -	Street: City:                      State:                      Zip: -
Home	(    )    -	(    )    -
Work	(    )    -	(    )    -
Cell	(    )    -	(    )    -