



SBC CHILD CARE CENTER

Registration Application

1st Child Information – Registration Fee \$25

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Name child prefers to be called: _____ DOB.: _____ Child SSN: _____

Gender
MALE FEMALE

Address of Child: _____

Allergies/Food Allergies

Pediatrician's Name _____ Phone # _____

Insurance Company _____ Policy # _____

Preferred Hospital _____ Phone # _____

Blood Type _____

2nd Child Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Name child prefers to be called: _____ DOB.: _____ Child SSN: _____

Gender
MALE FEMALE

Address of Child: _____

Allergies/Food Allergies _____

Pediatrician's Name _____ Phone # _____

Insurance Company _____ Policy # _____

Preferred Hospital _____ Phone # _____

Blood Type _____

Please list three professional references.

Parent/Guardian Information

Mother/Guardian Name: _____ Phone: _____

Address: _____ State: _____

Employed by: _____ Work Phone: _____

Work Address: _____

Work Hours: _____ Cell : _____ Email: _____

Legal Custody (If married, mark both parents) _____ Mother's SS# _____

Email: _____ Driver's License # _____

Marital Status:
Married Single Divorce Separated Widowed Other

Father/Guardian Name: _____ Phone: _____

Address: _____ State: _____

Employed by: _____ Work Phone: _____

Work Address: _____

Work Hours: _____ Cell : _____ Email: _____

Legal Custody (If married, mark both parents) _____ Mother's SS# _____

Email: _____ Driver's License # _____

Marital Status:
Married Single Divorce Separated Widowed Other

EMERGENCY CONTACTS & AUTHORIZED PICKUP PERSONS

(Within 20 miles radius of daycare other than parent or guardian)

1st Contact Pickup Name:

Relationship to child: _____ Phone: _____

Pickup all: _____ Not able to pick up: _____

2nd Contact Pickup Name:

Relationship to child: _____ Phone: _____

Pickup all: _____ Not able to pick up: _____

3rd Contact Pickup Name:

Relationship to child: _____ Phone: _____

Pickup all: _____ Not able to pick up: _____

4th Contact Pickup Name:

Relationship to child: _____ Phone: _____

Pickup all: _____ Not able to pick up: _____

ADDITIONAL COMMENTS

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____