

Drop In Registration Form

Child's Name _____ Parent's Names _____

Birth date of child _____

Physical address/where you are staying _____

Phone number _____

Emergency Info.

Where can you be reached today? (2 phone #'s please) _____

Who can we contact if you are unavailable? _____

Allergies? Food _____

Insects _____

Other _____

Any dietary restrictions? _____

Medications? _____

Before leaving, please be sure your child has:

___ lunch

___ a change of clothes (including socks and underwear)

___ diapers/wipes (if needed)

___ winter snow clothes or summer hat and sunglasses to go outside

Payment due at pick up at \$10/hr. THANKS!