

# Family Registration



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## Child Information

Registration Date: \_\_\_\_\_

1st Child					
Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Photos: May we take and maintain a photo of your child for security purposes? [ ]					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

2nd Child					
Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Photos: May we take and maintain a photo of your child for security purposes? [ ]					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

3rd Child					
Last Name		First Name		M.I.	Nickname
Entering grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to specify	Birth Date	Birth City/State City: _____ State: _____		Social Security #
Existing medical conditions, medications and/or special attention your child may require					
Allergies					
Pediatrician's Name		Phone	Address		
Photos: May we take and maintain a photo of your child for security purposes? [ ]					
Yes <input type="checkbox"/> No <input type="checkbox"/>					



## Primary Guardian Information

Name(s) of person(s) with whom child is living

1st Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone	Cell Phone/ <b>Cell Phone Carrier</b>	
Occupation	Employer	Work Address		Work Hours
2nd Primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone	Cell Phone	
Occupation	Employer	Work Address		Work Hours
Which Guardian Should be Called First?		Home Phone	Preferred language for written communication:	
Home Resident Street Address		Apt #	City	Zip Code
Mailing Address (if different than above)		Apt #	City	Zip Code

## Second Guardian Information

Non-primary custodial parent

1st Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone	Cell Phone/ <b>Cell Phone Carrier</b>	
2nd Non-primary Guardian				
Last Name	First Name	M.I.	Relationship to Child	
Email Address		Work Phone	Cell Phone	
Which Guardian Should be Called First?		Home Phone	Should mailings be sent to this household also? [ <input type="checkbox"/> Yes [ <input type="checkbox"/> No	
Second Household Mailing Address		Apt #	City	State Zip Code

**Additional Comments & Information:** \_\_\_\_\_



## Emergency Contacts and Authorized Pickups

1st Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

  

2nd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

  

3rd Contact/Pickup		
Last Name	First Name	Relationship to Child
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in the family <input type="checkbox"/> Not able to pick up the following children: _____

## Additional Comments and Information

Is there is any other information that that would be helpful to our management and teaching staff?

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## Signature

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

