

# CAPITAL KIDS REGISTRATION FORM

Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Age \_\_\_\_\_

Birthday \_\_\_\_\_

Male \_\_\_ Female \_\_\_

**Home Address** \_\_\_\_\_

**Mother's/Guardian's name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_

Place of Employment \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Address of Employment \_\_\_\_\_ Work Fax \_\_\_\_\_

Work Hours \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Father's/Guardian's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Home Address (if different from child's) \_\_\_\_\_

Place of Employment \_\_\_\_\_ **Work Phone** \_\_\_\_\_

Address of Employment \_\_\_\_\_ Work Fax \_\_\_\_\_

Work Hours \_\_\_\_\_ Social Security Number \_\_\_\_\_

Parent's Marital Status: Married \_\_\_ Single \_\_\_ Divorced \_\_\_

Person(s) or Agency having Legal Custody of child \_\_\_\_\_

*Please attach appropriate paper work such as Divorce Decree if a parent is not allowed to pick up child.*

List **two** people other than yourself that we can contact in the case of an **EMERGENCY**:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Person(s) **Authorized to pick up your child** (other than yourself) \_\_\_\_\_

Person(s) **NOT** authorized to **pick up your child** \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any Medical Problems? Chronic Physical Problems? \_\_\_\_\_

Pertinent Developmental Information \_\_\_\_\_

Allergies/Intolerance to food/medicine/or special instructions in caring for your child \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

