

Merrick County

Child Development Center

Registration Form

Fitness Center Membership # _____ MCCDC Enrollment Date _____

Child(ren)'s name _____ Birthdate(s) _____

Parent or Guardian's Contact Information:

Father:

Name _____ Employer _____

Address _____ Address _____

City _____ Phone _____ City _____ Phone _____

Mother:

Name _____ Employer _____

Address _____ Address _____

City _____ Phone _____ City _____ Phone _____

Person(s) to whom the child may be released by MCCDC:

Name _____ Name _____

Address _____ Address _____

City _____ Phone _____ City _____ Phone _____

Person(s) who will take responsibility for the child in an emergency when the parent (or guardian) cannot be reached: (One name must be given)

Name _____ Name _____

Address _____ Address _____

City _____ Phone _____ City _____ Phone _____

Consent to contact Physician in an emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to MCCDC to contact:

Physician _____ Phone _____

Address _____

And, if necessary, to take my child to the following doctor(s), clinics, or hospitals

Name _____

Health insurance company (optional) _____

Child's medical information:

Any health problem(s) that MCCDC should be aware of: _____

Medication, if any: _____

Allergies, if any: _____

Special Concerns (glasses, hearing aids, etc.): _____

Any activities your child should NOT engage in: _____

Parent signature: _____ Date: _____