

Valley View Daycare Registration Form

Please print clearly with blue or black ink
Mail in or Drop off with your \$75/child Registration Fee

Child's Full Name

Date of Enrollment

Address

City

State

Zip Code

Birth Date

(____) _____
Home Phone

Social Security Number

Parents are:

Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Both Parents Deceased ___

Mother's Full Name (Or Primary Guardian)

Address

City

State

Zip Code

Mother's Social Security Number

(____) _____
Home Phone

Mother's Occupation

Mother's Employer

Mother's Business Address

(____) _____
Mother's Work Phone

(____) _____
Mother's Cell Phone

Father's Full Name

Address

City

State

Zip Code

Father's Social Security Number

(____)_____
Home Phone

Father's Occupation

Father's Employer

Father's Business Address

(____)_____
Father's Work Phone

(____)_____
Father's Cell Phone

Other Household Members

Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Name	Age	Relationship to Child
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Emergency Contacts

Primary Emergency Contact (other than parents or guardian)

(_____) _____
Home Phone

(_____) _____
Work Phone

(_____) _____
Cell Phone

Relationship to Child

Address

City

State

Zip Code

Secondary Emergency Contact (other than parents or guardian)

(_____) _____
Home Phone

(_____) _____
Work Phone

(_____) _____
Cell Phone

Relationship to Child

Address

City

State

Zip Code

Emergency Information

Preferred Hospital (Unless emergency requires other out of necessity)

Phone #

Preferred Physician

Phone #

Insurance Company

Policy #

Regular Medications

Medicines Allergic to

Food Allergies

Any other allergies

Blood Type

List any special health conditions:

Person (s) authorized to pick up my child: **(Provide photo of all authorized individuals)**

Name

Relationship to Parent or Guardian

Name

Relationship to Parent or Guardian

Name

Relationship to Parent or Guardian

Kid Code: _____ *(Secret word between parent & child for identification and pick up)*

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick ups)

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child may be given emergency treatment by a staff member at Valley View Daycare. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Valley View Daycare and its employees harmless.

Parent's Signature

Date

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Valley View Daycare and its employees harmless.

Parent's Signature

Date

Agreements

I have been informed of the required health and safety inspections and that the inspections forms are available for review and when my child is ill, I understand and agree that my child may not be accepted for care.

Parent's Signature

Date

Please return completed form, with a check or money order of \$75 made payable to Valley View Baptist Church, to our office at 2010 Seckman Road. Our mailing address is Valley View Baptist Church P.O. Box 907 Imperial, MO 63052. You may also call us at 636-464-8730.

I acknowledge that I read the Valley View Daycare Handbook. _____

Initials