



School :

Brookside

Merrick Ave

Hours:

9:00am-2:00pm

Other

## TLC Day Care UPK Registration and Emergency Contact Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_ Sex: Male or Female (please circle)

Known Allergies (food/medicine) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### Emergency Contacts that are ALSO ALLOWED TO PICK UP YOUR CHILD

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Doctor Information

Name \_\_\_\_\_ Hospital \_\_\_\_\_

Street Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_