

Veez Bizzy Beez Early Learning Child Care
Registration Fee \$45 (nonrefundable)

Child Name _____ **Nick Name** _____ **Date of Birth** _____ **Gender** _____ **Age** _____

Does your child reside with both parents? _____ If not which parent _____

Day care currently or previously in _____

Does your child have any medical conditions or allergies? _____ if yes explain below. Write on the back if more space is needed. _____

Mother / Guardian Name _____ **Birthday** _____ **email address** _____

Home # _____ **Work #** _____ **Cell #** _____

Address _____

Place of Employment _____ **Job city/state** _____

Father / Guardian Name _____ **Birthday** _____ **email address** _____

Home # _____ **Work#** _____ **Cell #** _____

Address _____

Place of Employment _____ **Job city /state** _____

In case of an emergency and **parents cannot be reached**, contact: _____ relationship to child _____ phone number _____

Who is authorized to pick your child up from day care. Must be age 18 and up. If needed write on back.

1. Name _____ H# _____ W# _____ C# _____

Address _____ relation to child _____

2. Name _____ H# _____ W# _____ C# _____

Address _____ relation to child _____

3. Name _____ H# _____ W# _____ C# _____

Address _____ relation to child _____

4. Name _____ H# _____ W# _____ C# _____

Address _____ relation to child _____

Drop off and pick up times. No more than 10 1/2 hours a day. _____ AM to _____ PM.

Child's Doctor Name _____ **phone #** _____ **city/state** _____

Parents Signature _____

_____/_____/_____ /Date _____