Registration Form
<u>Good Shepherd Catholic Day Care Center</u>
2865 Glen Ellyn Rd, Bloomingdale, IL

<u>Child Information:</u>

Full Name: _____ Nick Name: _____

Birth Date: _____

Does your child have any allergies, medical and/or developmental concerns we should be aware of?

Address: _____ Phone: _____

City: _____ State: _____ Zip Code:_____

<u>Parent Information:</u>	<u>Mother/Guardian Information</u>	<u>Father/Guardian Information</u>
Full Name	_____	_____
Address	_____	_____
Home Phone	_____	_____
Cell	_____	_____
Place of Employment	_____	_____
Work Phone	_____	_____
Email:	_____	_____

Emergency Contact's
Primary Emergency Contact (other than parents/guardian):
Name_____Phone:_____
Daycare References:
Has your child ever been in daycare before?_____
Name of Previous Provider:_____
Number of days per week child care is needed:_____
I will bring my child to day care at:____ am
I will pick up my child at: ……..pm   Deposit $………………….
Signatures:
Provider:_____Date:_____
Parent/Guardian:_____Date:_____
Parent/Guardian_____Date:_____