

Kettering Schools Childcare Registration Form

**To register, please complete this form and also the online registration form. Thank you!

School Name: _____

Parent/Guardian Name(s): _____

Person(s) Responsible for Payment: _____

Address: _____

Email Address: _____

Contact Information:

Parent/Guardian Name	Cell Phone	Work Phone	Home Phone

Please list someone to call if we cannot reach you in an emergency:

Name	Cell Phone	Work Phone	Home Phone

Please list each child who will be participating in the childcare program:

Child	Grade	Teacher

Please list any medical conditions/food allergies for your child(ren):

Please list anyone, other than those listed above, who might be picking up your child(ren). We will not release children to anyone other than those listed on this form.

Name	Relationship to Child	Phone

I have read the Daycare Parent Information sheet and understand the rules.

Signature _____