TINY TREASURES CHILD'S ADMISSION/RENEWAL RECORD

(THIS FORM MUST BE UPDATED ANNUALLY)

DATE OF ENROLLLMENT_____ CHILD'S DATE OF BIRTH_____

Child's Name _____ Child's Nickname (if any) _____

Child Resides at _____

Mother/Guardian's Name _____ Address _____

Home Phone_____ Cell Phone _____

Employer _____ Address _____

Employer's Phone _____

Father/Guardian's Name _____ Address _____

Home Phone_____ Cell Phone _____

Employer _____ Address _____

Employer's Phone _____

Other Children and/or family members living in the home _____

Name Age Relationship

_____

Name Age Relationship Name Age Relationship

During the hours of child care how may you be reached? _____

Please list the names, addresses, and telephone numbers of those who are authorized to pick up your child.

_____

Name Address Phone

_____

Name Address Phone

_____

Name Address Phone

Emergency contact information if neither parent/guardian can be reached.

_____

Name Address Phone

_____

Name Address Phone

_____

Name Address Phone