GENERATION NEXT CHILD CARE, LLC

5813 Folgate Ct • Capitol Heights, MD 20743

301.420.3332 • 301.560.5557 Fax

[www.gnchildcare.com](http://www.gnchildcare.com)

*Please print clearly*

 REGISTRATION FORM

Date Date of Enrollment:

Child's Name:

 First Middle Last

Nickname (if any):

Age (At time of Registration): Birthdate: / / M F

Home Address:

Days/Hours to attend:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | Wednesday | **Thursday** | **Friday** |
|  |  |  |  |  |

Part-Time = 1-3 days weekly Full-Time = 4-5 days weekly

**Mother's/Guardian's Name:**

Home Phone: Cell Phone:

Home Address (if different from child's):

Place of Employment:

Work Phone:

Address of Employment: Work FAX:

Work Hours: Email Address:

**Father's/Guardian's Name:**

Home Phone: Cell Phone:

Home Address (if different from child's):

Place of Employment:

Work Phone:

Address of Employment: Work FAX:

Work Hours: Email Address:

Parent's Marital Status: Married Single Divorced

Person(s) or Agency having Legal Custody of Child:

*Please attach appropriate paper work such as Divorce Decree if a parent is* ***NOT*** *allowed to pick up child.*

**Emergency Contacts**

List two people other than yourself that we can contact in the case of an EMERGENCY:

Name: Relationship to Child:

Phone: Cell Phone:

Address:

Name: Relationship to Child:

Phone: Cell Phone:

Address:

Person(s) authorized to PICK UP YOUR CHILD (other than yourself):

 Relationship to Child:

 Relationship to Child:

Person(s) ***NOT***authorized to visit or *PICK UP YOUR CHILD*:

# Medical Information

Child's Physician:

Phone:

Any Medical Problems? If yes, explain:

Chronic Physical Problems? If yes, explain:

Pertinent Development Information:

Allergies/intolerance to food/medication/or special instructions in caring for your child:

Has your child gone to another program or currently in one now? If so, please provide the name, city, and state of all previous schools or programs your child has attended:

**How did you hear about us?** Drive-by Sign Flyer Pennysaver

 Generation Next Parent (Name )

 Generation Next Staff (Name/Code )

Parent/Guardian Signature Date