

KinderHaus
Emergency/Registration Card
(Please print and fill out using blue or black ink.)

Today's Date: _____ Child: _____
Starting Date: _____ Last First

Circle One Chevy Chase Cleveland Park

Child's Name: _____ Date of Birth: ____/____/____

Home Address: _____

Home Number :() _____

Mother's Name: _____ Mother's Employer/Occupation _____
Work Number: () _____ Cell Number: () _____ Pager Number: () _____
Mother's Birth Date (month & date only): _____ E-Mail Address: _____

Father's Name: _____ Father's Employer/Occupation _____
Work Number: () _____ Cell Number: () _____ Pager Number: () _____
Father's Birth Date (month & date only): _____ E-Mail Address: _____

In Case of Emergency Contact: (Add Relationship to your child)

this is not who is authorized to pick up your child

- 1) _____ Phone: () _____
- 2) _____ Phone: () _____
- 3) _____ Phone: () _____

Who is authorized to call/pick up your child (Add address, phone number & relationship)? Child will only be released to individuals listed below. Include child's parents' names.

Approximate Hours of Arrival and Departure: _____

Names & Birth Dates of Siblings: _____

Participating Parents? Yes ___ No ___ If yes, please list interests & skills _____

My child has permission to go on supervised local walks & trips.

Parent Signature: _____ Date: _____

Child's Doctor: _____ Address: _____
Phone Number () _____ Medical Information/Allergies: _____

My child can receive emergency treatment by KinderHaus staff, Rescue Squad, Ambulance Team or Emergency Room Personnel until such times as I can be reached.

Parent Signature: _____ Date: _____

KinderHaus welcomes children of all races, religions and national or ethnic origins.