

LAFAYETTE ELEMENTARY SCHOOL  
**Registration Form 2018 Summer Daycare**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Present Grade \_\_\_\_\_

Has he/she stayed at Afterschool or attended summer daycare before? Yes or No

Emergency Contact Information:

Parent's/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**MUST PROVIDE TWO NUMBERS:**

#1-Other Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

#2-Other Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Allergies: \_\_\_\_\_ Other: \_\_\_\_\_

Transport to Dr. in Emergency: Yes or No Dr.'s Name \_\_\_\_\_

Names of persons allowed to pick-up child: **(PHOTO I.D. REQUIRED)**

\_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_