

Prince of Peace Childcare Registration Form

Date:

Parent Information:

Family Last Name:

Mother's Name:

Father's Name:

Street Address:

City:

Zip:

Home Phone:

Business Phone (mother):

Cell Phone:

Business Phone (father):

Children:

Birthdate:

Allergies:*

Name:

Name:

Name:

Name:

Name:

I have received and read the child care policies and procedures manual and accept full responsibility for my child and will not hold Prince ofPeace Catholic Community responsible for injury to my child.

Signature: _____

** If your child has an allergy, please note this on the sign in sheet each time you leave your child.*