

CATHEDRAL RIDGE REGISTRATION: Complete information is required for registration. This information is necessary to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs.

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| CAMP NAME: |
|-------------------|

| CHILD INFORMATION | | | |
|--------------------|---------------------|--------------------------|--------------|
| Child's first name | Child's middle name | Child's last name | Nickname |
| Date of Birth | Age | Gender Female Male | Today's Date |

| PRIMARY CONTACT AND RELEASE PERSONS | | | | |
|---|-------------------|-----------------------|-----------------|-------------|
| PRIMARY PARENT/GUARDIAN | | Relationship to child | Preferred phone | Other phone |
| Home address | | | email address | |
| Employer and address | | Work hours | Work phone/ext | |
| OTHER PARENT/GUARDIAN | | Relationship to child | Preferred phone | Other phone |
| Home address | | | Email address | |
| Employer and address | | Work hours | Work phone/ext | |
| Parent/Guardian Identification Information | Security Question | | Answer | |
| | Security Question | | Answer | |
| Any special instructions as to how the parents or guardians can be reached during the hours the child is at the center. | | | | |

| EMERGENCY CONTACT AND RELEASE PERSONS | | | | |
|--|--|-----------------------|-----------------|-------------|
| <i>Include Car Pool and Parish Staff. Do not include parents and guardians</i> | | | | |
| Name #1 | | Relationship to child | Preferred phone | Other phone |
| Home address | | | email address | |
| Employer and address | | Work hours | Work phone/ext | |
| Name #2 | | Relationship to child | Preferred phone | Other phone |
| Home address | | | email address | |
| Employer and address | | Work hours | Work phone/ext | |

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Release person must be 18 years of age or older. Center staff will release your child only to you or to those persons you have listed above. **For the safety of your child, we will request all authorized Release Persons with whom staff are not familiar to provide Government issued photo ID at time of pick up.** If you want a person who is not identified above to pick up your child, you must notify center management in advance. **Your child will not be released without prior authorization.** In the event you call a pick up authorization into the center the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.

| | |
|---------------------------|---------------------------|
| Parent/Guardian Signature | Center Director Signature |
|---------------------------|---------------------------|