



# REGISTRATION FORM

This form is required by all childcare providers on Yaycare. The good news? Fill it out once and provide to any program you book on the Yaycare app.

> To complete electronically, open using Adobe Acrobat Reader. Fill out the form, e-sign, save to your computer, and email to your provider. Or print the completed form and bring on your first day.

> Would you rather fill it out the old-fashioned way? Simply print this form, fill out by hand, and bring on your child's first day. Tip: we recommend making copies of the completed form so you can easily bring to other centers you may book.

Please note: Each child needs their own registration form.

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## CHILD'S INFORMATION

### Name

First Name      Last Name

### Birthdate

Month    Day    Year



### Gender

### Home Address

### Home Phone

Area Code    Phone Number

## PARENT/GUARDIAN 1 INFORMATION

### Name

First Name      Last Name

### Relationship

### Cell Phone

Area Code    Phone Number

### Email

example@example.com

### Employer

### Work Phone

Area Code    Phone Number

## PARENT/GUARDIAN 2 INFORMATION

### Name

First Name      Last Name

### Relationship

### Cell Phone

Area Code    Phone Number

### Email

example@example.com

### Employer

### Work Phone

Area Code    Phone Number

## EMERGENCY CONTACT INFORMATION

**Contact 1 Name** **Relationship** **Home Address**

**Contact 1 Phone Number** **Authorized to pick up child?**

Area Code Phone Number

Yes  
No

**Contact 2 Name** **Relationship** **Home Address**

**Contact 2 Phone Number** **Authorized to pick up child?**

Area Code Phone Number

Yes  
No

**Contact 3 Name** **Relationship** **Home Address**

**Contact 3 Phone Number** **Authorized to pick up child?**

Area Code Phone Number

Yes  
No

## ADDITIONAL INFORMATION

**Name of Child's Doctor** **Phone Number** **Doctor's Address**

Area Code Phone Number

**Please list any special conditions, disabilities or medical/physical restrictions your child may have:**

**Please list any allergies your child has and fill out a food allergy plan (if applicable):**

**Anything else the provider should know about your child?**

# PARENT AUTHORIZATION AND CONSENT

## Custodial Agreement

I understand that providing both parents/guardians information gives both parties the right to visit/pick up the above mentioned child at any time. If custody circumstances change for any reason, the provider must be notified in writing and they may request documentation by the proper authority.

Date

\_\_\_\_\_  
Parent/Guardian 1 signature

\_\_\_\_\_  
Parent/Guardian 2 signature or initials

Month Day Year 

## Photo Authorization

I understand that my child may be photographed by the provider during activities and his/her likeness potentially used in the provider's marketing materials in print or online (including social media).

Date

\_\_\_\_\_  
Parent/Guardian Signature

Month Day Year 

## Emergency Care Authorization

I understand that every effort will be made to contact both parents/legal guardians in the event of a medical emergency. However, in the event the provider is unable to contact either parent/guardian, I give consent to have my child receive first aid by the school staff, and, if necessary, be transported to receive emergency care by professional EMS and/or hospital staff.

Date

\_\_\_\_\_  
Parent/Guardian Signature

Month Day Year 

## The State of New Jersey Health Requirements

I understand that the State of New Jersey requires me to provide my child's updated immunization report and completed Universal Health Record to each licensed childcare center my child attends, and my child can't attend without this information. If my child is 6 months or older, he/she is also required to have a flu shot by January 1st. [Note: School break camps may or may not require this information. Check their Yaycare profile.]

Date

\_\_\_\_\_  
Parent/Guardian Signature

Month Day Year 

## Provider Policies Agreement

I understand that each childcare provider may have specific policies I must abide by. As my child's parent/guardian, it is my responsibility to ask the provider for their parent handbook on or before my child's first day. I agree to abide by all of the policies and requirements set forth in the provider's parent handbook and understand that not doing so may result in services not being rendered.

Date

\_\_\_\_\_  
Parent/Guardian Signature

Month Day Year 