

Little Steps Parent Registration

Admission Date: ____ / ____ / ____

Discharge Date: ____ / ____ / ____

Full Name of Child _____

Birth date: ____ / ____ / ____

Address: _____ Telephone (____) _____ - _____

Parent / Guardian Name: _____

Address (if different than above): _____

Place of Employment: _____

Employment Address: _____

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Parent / Guardian Name: _____

Address (if different than above): _____

Place of Employment: _____

Employment Address: _____

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Legal Custodian of the Child: _____

Custody Schedule if Shared: _____

Next of Kin (other than parent / guardian): _____

Name

Relationship

Address

Telephone

Emergency Contacts:

Name

Relationship

Address

Telephone

Name

Relationship

Address

Telephone

Insurance Company: _____ ID # _____ Group # _____

Insured Name: _____ Insured Birth date: ____ / ____ / ____

The following people have permission to pick up my child **WITHOUT** notification from me:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The following people have permission to pick up my child **WITH** notification from me:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The following people may NOT pick up my child (used in any custody disputes):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____