



Absolute Childcare 24/7

### REGISTRATION FORM

This form may only be completed by the child's parent or guardian. Kindly provide detailed and accurate information.

Registration Date: \_\_\_\_\_

#### Child Information

Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female      Date of Birth: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require

\_\_\_\_\_  
\_\_\_\_\_

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

Pediatrician's Name/Registered Hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Child's  
Passport  
Photo

#### Parent/Guardian Information

**Mother/Guardian's Name** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Office/Alternative Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mother's  
Passport  
Photo

**Father/Guardian's Name** \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Office/Alternative Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

Father's  
Passport  
Photo



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**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Allowed to pick up - [ ] Yes [ ] No

Contact's  
Passport  
Photo

**2nd Contact** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Allowed to pick up - [ ] Yes [ ] No

Contact's  
Passport  
Photo

**Services Required for Child (Please tick as appropriate)**

- Crèche       Afterschool - [ ] Weekly [ ] Bi-Weekly [ ] Monthly
- In-house meals required? - [ ] Yes [ ] No
- Meals - [ ] Breakfast [ ] Lunch [ ] Snack [ ] Dinner
- Bath - [ ] Morning [ ] Night
- Laundry - [ ] Yes [ ] No
- Assistance with homework - [ ] Yes [ ] No

**Additional Comments & Information:**

*Please provide any other information that would be helpful in assisting us care better for your child.*

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**Signature of Parent/Guardian:**

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_