



REGISTRATION FORM

3765 Taylor Spring Lane, Harrisonburg, VA 22801
(540) 434-4901

Name of Child _____ Nickname _____

Date of Birth _____ Male/Female _____

Home Address _____

Home Phone (if applicable) _____

Parent/Guardian _____ Relationship to child _____

Home Address (if different) _____

Home Phone (if different) _____ Cell Phone _____

Place Employed _____ Business Phone _____

Parent/Guardian _____ Relationship to child _____

Home Address (if different) _____

Home Phone (if different) _____ Cell Phone _____

Place Employed _____ Business Phone _____

Agency Having Legal Custody of Child (if applicable) _____

Business Address _____ Phone _____

Other Schools/Programs Concurrently Attending: _____

Schools and Child Care Centers Previously Attended: _____

Where did you learn about Generations Crossing? _____

Please indicate an action to be taken in the event of an emergency situation (check one)

_____ Call 911, then the parent _____ other (please list) _____

Child's Physician _____ Phone _____

Two local people to contact in case of an emergency if parent(s)/guardian(s) cannot be reached:

**These names will also be considered authorized for pick-up.*

1. Name _____ Relationship _____
Address _____
Cell Phone _____ Work or Home Phone _____

2. Name _____ Relationship _____
Address _____
Cell Phone _____ Work or Home Phone _____

Person(s) Authorized to Pick Up Child (*optional*):

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

Person(s) Not Authorized to Pick Up Child (*must provide custody papers):

Please list any known allergies or intolerance to food or medication:

