

# Little Buds Kid Care

A Credit Card Authorization form must accompany this registration form

**Childs Name** \_\_\_\_\_

## Primary Contact Person (parent or legal guardian)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

## Secondary Contact Person

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Child lives with: Both Parents  Mother  Father  Guardian

Please list any medications your child may take

Are there any physical conditions and/or allergies of which we should be aware?

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

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

Emergency contacts, if primary and secondary contacts are unavailable.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number \_\_\_\_\_

Persons authorized to pick up student: Under no circumstances will a child be released to anyone who has not been authorized in writing by the parent or guardian. Please be advised that when you pick up your child, you must show identification and sign your child out. No child will be released to anyone without proper identification and signature of an authorized person.

Authorized to Pick child \_\_\_\_\_

Authorized to Pick child \_\_\_\_\_

Authorized to Pick child \_\_\_\_\_

Authorized to Pick child \_\_\_\_\_

Persons not allowed to pick up child, please list below.

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

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

If parent is not allowed to pick up child, please attach necessary legal documentation.