



# Parkmead Keyspot Daycare Center

## RETURNING FAMILY REGISTRATION FORM 2020-2021

Reg Fee - \$100/Family

Register by 5/29/2020 and take 50% OFF



Parkmead Keyspot Day Care  
ID and Emergency Info Sheet  
2020 – 2021 School Year

**\*\*\*RETURNING FAMILIES ONLY\*\*\***

Child Last Name: \_\_\_\_\_

Child First Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Class Room# \_\_\_\_\_

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

**SPONSOR INFORMATION**

**\*Sponsor Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Last Name, First Name

Home Address: \_\_\_\_\_  
Street, City, State, ZIP

Home Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_  
Please print in ALL CAPS

**\*Co-Sponsor Name:** \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Last Name, First Name

Home Address: \_\_\_\_\_  
Street, City, State, ZIP

Home Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_  
Please print in ALL CAPS

**CHILD IS IN THE CUSTODY OF: MOTHER FATHER BOTH OTHER:** \_\_\_\_\_

**MEDICAL INFO**

**\*Doctor Name:** \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**\*Dentist Name:** \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

\_\_\_\_ My child does not have health insurance (Check if Applicable)

**Emergency Contacts** – Please list persons within a 10 mile radius of Parkmead School

1. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

2. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

3. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

**Authorized Sign Out Persons** – You are authorizing the persons on this list to sign your child out of our day care center.

1. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

2. \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last Name, First Name

DATE RECEIVED \_\_\_\_\_

CHECK AMOUNT \_\_\_\_\_

CHECK # \_\_\_\_\_