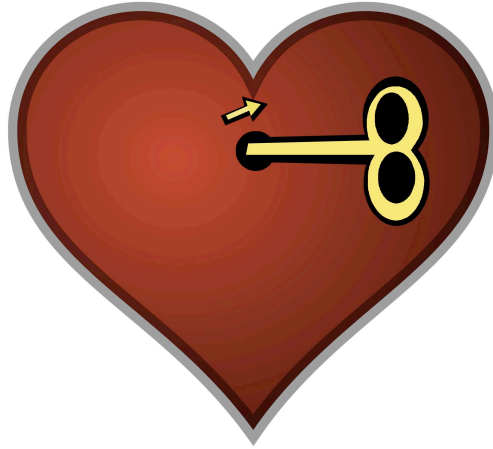


**Parkmead Keyspot Inc.
School-Age Day Care Center**



Registration Packet 2021-2022

Returning Family Registration Fee \$100/Family

Make Checks Payable to "KEYSPOT"

**Parkmead Keyspot Inc.
1920 Magnolia Way
Walnut Creek, CA 94595
(925) 939-1543 – Office
(925) 939-5942 – Fax
www.keyspot.org**



**Parkmead Keyspot Day Care Returning Family Reg
ID and Emergency Info Sheet
2021-2022 School Year**

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
3. _____ Phone #: (____) _____ - _____
Last Name, First Name