



Kids' Day Inn

Registration & Information



Child's Name: _____

Nickname: _____ Date of Birth: _____ Age: _____

Home Address: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____

Caregiver: _____ Phone: _____

Other Children in the Family (names & ages): _____

Does he/she play with other children outside the home? _____ Older Younger Same Age
(yes or no) (circle all that apply)

Are there any special fears? _____ If so, describe: _____

Does he/she have any allergies or medical conditions? _____

Name of child's doctor: _____ Phone: _____

Other information that will help us know your child better: _____

Where do you regularly attend church? _____

Parent or Guardian Signature: _____ Date: _____

