



## REGISTRATION FORM

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

Name of Child \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Father \_\_\_\_\_ Place Employed \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Mother \_\_\_\_\_ Place Employed \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Person(s) or Agency Having Legal Custody of Child \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Business or Cell Phone \_\_\_\_\_

Two people to contact in an emergency if parent(s)/guardian(s) can not be reached:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Person(s) Authorized To Pick Up Child \_\_\_\_\_

**Please make sure the 2 emergency contacts are the same 2 people authorized to pick up your child.**

Person(s) Not Authorized To Pick Up Child (\*Must provide custody papers) \_\_\_\_\_

Please list any known allergies or intolerance to food or medication \_\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Has your child been in a day care or school setting before? \_\_\_\_\_

If yes, where? \_\_\_\_\_ How long? \_\_\_\_\_

Please list any programs or schools that your child is currently attending \_\_\_\_\_ Grade \_\_\_\_\_

Where did you learn about Generations Crossing? \_\_\_\_\_

Arrival time \_\_\_\_\_ Departure time \_\_\_\_\_

