



CHILD DEVELOPMENT CENTER

67

P.O. BOX 55018
BEAUFORT, SC 29904-5018

Start Date: _____

Paid Reg Fee: \$ _____

Paid Date: _____

DROP-IN REGISTRATION FORM

Child's

Name: _____ Birthdate: _____
(Last) (First) (MI)

Home Address: _____ Home Phone #: _____
(Street)

(City) (State) (Zip) Nickname: _____
(if any)

Sponsor's

Name: _____ S.S. #: _____
(Last) (First) (MI)

Work Place: _____ Work / Cell Phone #: _____ / _____

Work Address: _____ Rank/Grade: _____
(Street or Command)

(City) (State) (Zip)

Spouse's

Name: _____ S.S. #: _____
(Last) (First) (MI)

Work Place: _____ Work / Cell Phone #: _____ / _____

Work Address: _____ Rank/Grade: _____
(Street or Command)

(City) (State) (Zip)

EMERGENCY CONTACT/PICK-UP PERSON: (Person to contact if a parent cannot be reached)

Name: _____ Home Phone #: _____
(Last) (First) (MI)

Person may pick-up child? Yes No Work / Cell

Relation to child: _____ Phone #: _____ / _____

MEDICAL HISTORY **A copy of the Child's shot record must be attached to this form**

I certify that to the best of my knowledge and belief that my child is in good and normal health and has no contagious or infectious diseases.

Parent's Initials: _____

Describe any chronic illness', conditions, disabilities or allergies: _____

Identify any medications child is receiving and for what reason: _____

Parent Signature: _____ Date: _____

PRIVACY ACT STATEMENT: Under the authority of Title 5, U.S. Code 301, Departmental regulations information regarding registration of authorized dependents is required to provide customer service for authorized personnel to utilize the facilities. The information provided will be used to notify parents when situations concerning their children occur. The information is voluntary, but failure to provide the information will result in the inability of the child care personnel to allow the individual to take advantage of the services.