



MCCS Valentine Registration

Please circle one:

MCAS CDC

MCAS Theatre

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.



MCCS Wishes you a Happy Valentine's Day!

Attached, you will find the Drop In registration form to be completed for each child. Please make sure the front and back is completed. Also, here is additional information that your families will need to know.

Each child is required to have a registration form on or before the date of service
Each child is required to have a SC Certificate of Immunization (from NH Immunization or the child's Pediatrician).

Pink shot cards and out of state immunizations are not accepted.

Parents are to provide all meals and snacks for their children

NO peanut products are allowed in the CDC


No medications can be administered to hourly care children by staff

No latex products are allowed in the CDC

Children with Special Needs will need to come in 15-30 minutes early depending on needs to explain condition and care to Providers

Drop off time will be 1730

All children must be picked up by 2200



If you have additional questions, please call CDC at 228-7114.