

Drop off Time _____ Name _____

Pick up Time _____ Name _____

Drop off Time _____ Name _____

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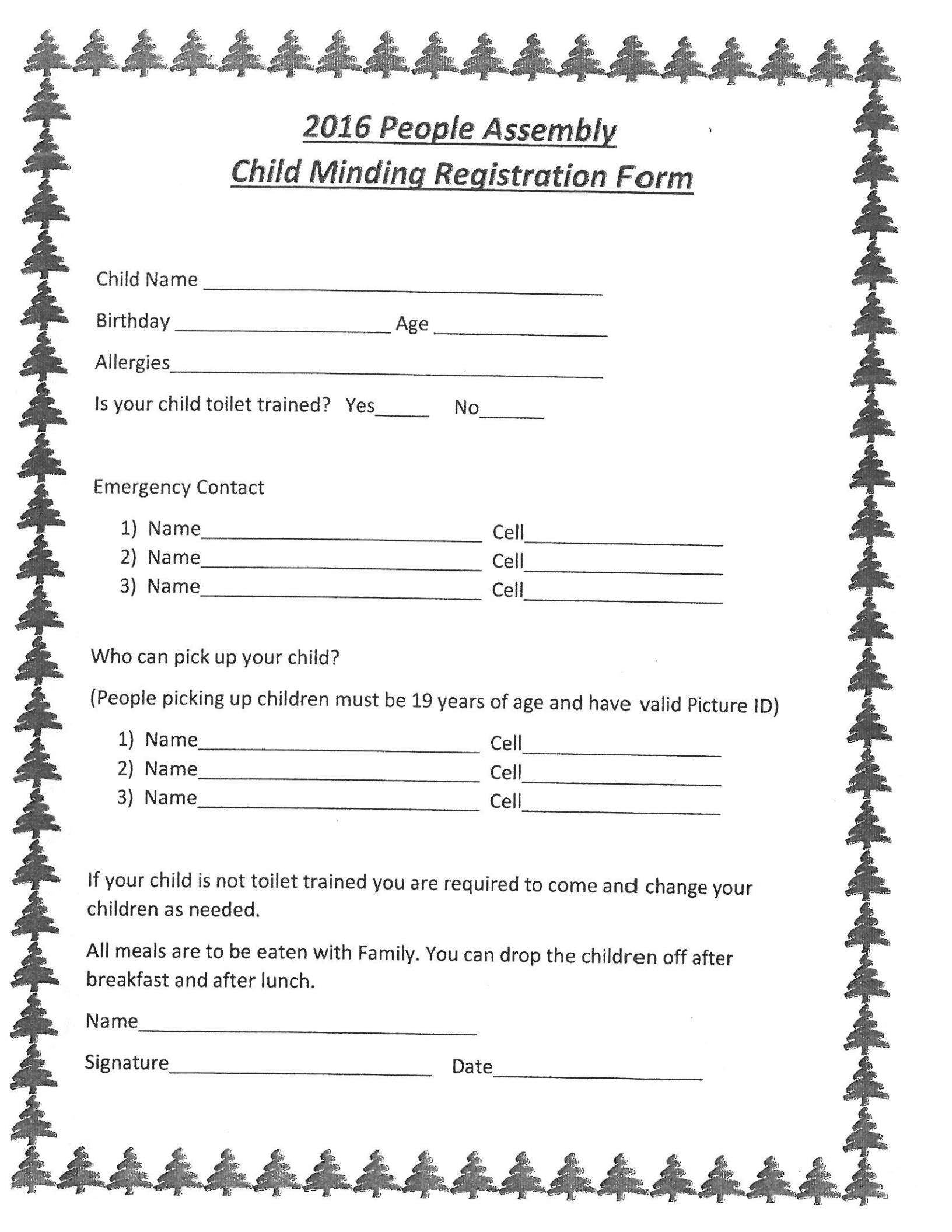
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2016 People Assembly
Child Minding Registration Form

Child Name _____

Birthday _____ Age _____

Allergies _____

Is your child toilet trained? Yes _____ No _____

Emergency Contact

1) Name _____ Cell _____

2) Name _____ Cell _____

3) Name _____ Cell _____

Who can pick up your child?

(People picking up children must be 19 years of age and have valid Picture ID)

1) Name _____ Cell _____

2) Name _____ Cell _____

3) Name _____ Cell _____

If your child is not toilet trained you are required to come and change your children as needed.

All meals are to be eaten with Family. You can drop the children off after breakfast and after lunch.

Name _____

Signature _____ Date _____