

**CORNER OF THE SKY****PROGRAM REGISTRATION FORM**

Child's full name

Home phone #

Birthdate

Sex – M F

Child's Address/City/Zip

**Parent/Guardian & Emergency Information – List in order of preferred contact**

Name

Relationship

Place of Work

Daytime Phone #

Work Address

Home address (if different from child)

Home phone (if different from child)

E-mail address

Name

Relationship

Place of Work

Daytime Phone #

Work Address

Home address (if different from child)

Home phone (if different from child)

E-mail address

\*Name of Alternate

Relationship

Daytime Phone #

Name of Physician

Phone #

Address

\*I give the above named alternate permission to pick-up my child from Corner of the Sky in the event that a parent/guardian can not be reached.

\_\_\_\_\_  
Name\_\_\_\_\_  
Date