

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**CHILD DEVELOPMENT SERVICES REGISTRATION FORM**

Child's Name (*Last, First, MI*): \_\_\_\_\_

Address

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name (*Include Rank/Rate*)

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Employer's Name/Address

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Person(s) Authorized to Remove From Child Care (*Include phone number*):

\_\_\_\_\_  
*(Name)* *(Phone Number)*

Emergency Contact in the Event Parent/Guardian Cannot be Reached (*Include name & phone number*):

\_\_\_\_\_  
*(Name)* *(Phone Number)*

Doctor's Name & Phone Number:

\_\_\_\_\_  
*(Name)* *(Phone Number)*

Any Other Information you Believe Would be Helpful to Caregiver in Working With Your Child(ren):

\_\_\_\_\_  
\_\_\_\_\_

**NOTES:**

1. All parts of this form will be completed and signed by the sponsor before the child(ren) is admitted to the child care program.
2. This form will be kept on file for all children enrolled in a child care program.
3. A copy of the Emergency Medical Authorization form must be carried by staff if child is away from the site on a field trip so that emergency medical treatment may be obtained, if needed.
4. This form is to be renewed at the beginning of each year.



***I release the information on the attached registration forms to the provider of child care services for the purpose of assessing the eligibility of the child(ren) for the program and for the routine uses listed above.***

\_\_\_\_\_

*(Signature)*

\_\_\_\_\_

*(Date)*

