

**Our Lady of Lourdes Child Care  
Registration and Emergency Form  
Please Fill Out and Return to Classroom Teacher**

**Name of Child** \_\_\_\_\_ **Gr.** \_\_\_\_\_

\_\_\_\_\_ **Gr.** \_\_\_\_\_

\_\_\_\_\_ **Gr.** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

**Parent to Contact** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Parent to Contact** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Emergency Contact (Not Parent)** \_\_\_\_\_

**Home#** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Emergency Contact (Not Parent)** \_\_\_\_\_

**Home#** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Signature of Parent/Guardian:**

\_\_\_\_\_ **Date** \_\_\_\_\_