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Registration Form

Parents/Guardians: This information is required prior to enrollment of your child. Please assist your child care provider by completing this form accurately.

CHILD INFORMATION

Child's Full Name: _____ Birth Date: _____

Home Address: _____ Home Phone: _____

PARENT INFORMATION

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Address (if different): _____

Work Site Address: _____

Parent/Guardian Home Phone: _____ Other Contact Phone: _____

Second Parent/Guardian Full Name: _____ Employer: _____

Second Parent/Guardian Address (if different): _____

Work Site Address: _____

Second Parent/Guardian Home Phone: _____ Other Contact Phone: _____

EMERGENCY CONTACTS

If neither parent can be reached in case of an emergency, call:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

AUTHORIZED PICK UP

List all individuals who are authorized to pick up your child:

MEDICAL CONTACTS

Name of Child's Doctor: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Hospital Preference: _____

INFANT SPECIFIC INFORMATION

Feeding Instructions: _____

Typical Sleep Schedule: _____

Does your child use a pacifier: ____ Yes ____ No

If, yes; do you want your child to use the pacifier when in a crib? ____ Yes ____ No

ADDITIONAL INFORMATION ABOUT YOUR CHILD

Please describe any additional information you would like us to know about your child. This could include special medical, developmental, emotional or education needs, allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations.

(Parent/Guardian Signature)

Date