

Jackie Gurbey, Day Care Director
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PROGRAM _____
START DATE _____
M____T____W____TH____F____

☐ Female
☐ Male

COHOES CHILD DEVELOPMENT CENTER
Day Care Registration Form

Full Name of Child _____ Date of Birth ____/____/____
Address _____ Zip _____ Phone _____
Mother or Guardian _____ Home Address _____
Employment _____ Work Address _____
Phone _____ Hours _____ Email Address _____
Father or Guardian _____ Home Address _____
Employment _____ Work Address _____
Phone _____ Email Address _____

People Authorized to pick up your child

People to call in case of EMERGENCY (must list two people; do not list parents of the child)

Name _____	Relationship _____
Address _____	Day Time Phone No _____
	Cell Phone No _____
Name _____	Relationship _____
Address _____	Day Time Phone No _____
	Cell Phone No _____

Child's Physician _____ Phone No. _____
Emergency Hospital Preference _____ Phone No _____
Hospital Address _____ Dentist _____

Registration Paid _____ **Security Deposit Paid** _____ **Date Paid** _____

Weekly Parent Fee _____ **Received Parent Handbook (initial) Yes** _____ **No** _____