

Grizz Kids Day Care Lab Registration

Copper Hills Day Care Lab
5445 West New Bingham Highway
West Jordan, Utah 84088
801-256-5360

Name of Child _____ Enrollment Date ___/___/___

Nickname _____ Bithdate ___/___/___ Sex: F M

Home Street Address _____ Phone # _____

City _____ State _____ Zip _____

Mother/Guardian Name _____ Phone # _____

Employer _____ Work Phone # _____

Father/Guardian Name _____ Phone # _____

Employer _____ Work Phone # _____

Contact Email _____

Schedule: Full Time / Part Time Days: M T W T F Varies Time: Arrive _____ Leave _____

Emergency Contacts (other than Parent/Guardian) and persons authorized to pick-up child:

Name	Relationship to Child	Address	Phone#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of emergency or serious illness, when parents or above contacts cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or emergency medical transportation for my child.

Parent/Guardian Signature: _____ Date _____

This form must be completed for each individual child enrolled annually.