



## City of Los Altos Recreation Department Tiny Tots REGISTRATION

Child's Last Name	First Name (name preferred for name tag)	Initial	Home Phone Number

Mother's Last Name	Mother's First Name	Father's Last Name	Father's First Name

Street Address	City	State	Zip Code

Child Age	Child's Date of Birth	Mother Cell (include Area Code)	Father Cell Phone (include Area Code)

Mother's Employer/Work Phone (Include Area Code)	Father's Employer/Work Phone (include Area Code)

	May include e-mail in class directory: [ ]Yes [ ]No
E-mail address you would like to use for all Tiny Tots correspondence	

Name of child's sitter, au pair, etc.	Phone (include Area Code)	Cell Phone (include Area Code)

Person to be Notified in Emergency	Relationship	Area Code / Phone Number

Child's Primary Care Physician	Address	Area Code / Phone Number

Medical Insurance Provider	Policy Number	Area Code / Phone Number

Does your child have any food allergies?	If Yes, please list:	
[ ]Yes [ ]No		

Does your child take any medications of which we should be aware?	If Yes, please list:	
[ ]Yes [ ]No		

Is your child allergic to any medications?	If Yes, please list:	
[ ]Yes [ ]No		

Persons allowed to pickup my child in addition to parents	Relationship	Area Code / Phone Number

- Yes, I hereby authorize the above named person(s) to take my child from the facility in the event of an emergency and/or or parents unavailability.
- Yes, I hereby certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Sign (parent/Guardian)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date