

# DIAPER DEPOT REGISTRATION

# \_\_\_\_\_

ALL INFORMATION IS REQUIRED! INFORMATION IS FOR DATA PURPOSES ONLY.

**COMPLETE THIS FORM. SUBMIT THIS FORM ALONG WITH  
COPIES OF YOUR IDENTIFICATION AND YOUR  
CHILDREN'S BIRTH CERTIFICATES.**

PARENT'S NAME \_\_\_\_\_

(FIRST AND LAST NAMES)

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

FIRST LANGUAGE \_\_\_\_\_

ONE PERSON WHO CAN PICK UP YOUR DIAPERS \_\_\_\_\_

(MUST BRING IDENTIFICATION)

CHILD #1

NAME \_\_\_\_\_

(FIRST AND LAST NAMES)

DATE OF BIRTH

Gender  
(circle)

RELATIONSHIP: (Circle one)

PARENT GRANDPARENT LEGAL GUARDIAN

CHILD #2

NAME \_\_\_\_\_

(FIRST AND LAST NAMES)

CHILD #2

DATE OF BIRTH

Gender  
(circle)

RELATIONSHIP: (Circle one) PARENT GRANDPARENT LEGAL GUARDIAN

CHILD #3

NAME

(FIRST AND LAST NAMES)

DATE OF BIRTH

Gender  
(circle)

RELATIONSHIP: (Circle one) PARENT GRANDPARENT LEGAL GUARDIAN