

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

2nd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

3rd Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

FAMILY REGISTRATION FORM

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

4th Child First Name: _____ M.I. ___ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Last 4 Digits of SS# _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Last 4 Digits of SS# _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Last 4 Digits of SS# _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Last 4 Digits of SS# _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly

Acknowledgments

Please initial the following statements indicating your understanding and acceptance of them.

- _____ I have read the General Information & Operating Policy and agree to abide by the provisions disclosed as written. In addition, I agree to abide by the provisions when this document is modified from time to time, provided that the current version is available on the center website.
- _____ I understand that tuition for my child is paid weekly on the Friday before the week of service and that the center does not prorate fees. I agree to pay the current weekly tuition for each week or part of a week that my child attends.
- _____ I understand that payment of both the registration fee and the first week’s tuition are required to hold a spot for my child. When my child begins as scheduled, the center will apply the tuition I’ve paid to that first week of care. Further, I understand that these fees are non-refundable and that I should NOT pay them until I am certain that this is the place for my child.
- _____ I understand that I must provide two weeks written notice upon terminating child care services with the center. In lieu of providing two weeks written notice, I agree to pay 2 week’s tuition.
- _____ I understand that the center will take and use photographs of my child / children on the center website, parent newsletter, in local advertising and any other way reasonably consistent with normal business use. I expressly extend this privilege and acknowledge that my attendance at this facility is contingent upon such. I understand that the center will never use the last name of my child / children along with any photos.
- _____ I understand that no toys or food should be brought from home to the classroom. Exceptions may be approved in advance by the teacher and a member of the leadership team for such things as birthday parties or other special events.
- _____ I understand that the center accepts checks, cashier checks, and money orders for payment of tuition and other services and that to protect children and staff, the center does not accept cash. I acknowledge that when and if I choose to use a check as a method of payment and it is returned from the bank there will be a \$35.00 returned check fee, as well as a late payment fee.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent’s Signature: _____ Date: _____

Thank You!