CHILD CARE REGISTRATION FORM

Registration Information

Start Date:_____ Registration Fee:$_____ PAID

Tuition Options: Infants $175 Toddlers $165 Preschool $155 Before School $80

After School $80 Before & After $100 School Age $145

Parent Signature_____ Date_____

Child's Information:

Child's Name: _____ Age: DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ Sex: MALE/FEMALE Is your child potty trained? yes/no

Attendance Schedule M T W TH F Times: : AM/PM to : AM/PM

Parent Information: Child lives with: Mother / Father / Both / Guardian

Mother's Name: _____	Father's Name: _____
SS# _____	SS# _____
Mother's Employer: _____	Father's Employer: _____
Mother's Cell Phone: _____	Fathers Cell Phone: _____
Mother's Work Phone: _____	Father's Work Phone: _____
Address: _____	Address: _____
Email address: _____	Email address: _____

Emergency Contacts:

Please list any consenting adults other than the parents that may be contacted in the event of an emergency and pick up.

Name_____ Relationship_____ Number_____

Name_____ Relationship_____ Number_____

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