



Picture of Child



- Registration Fee
- Security Deposit \$500
- Medical Form
- Signed Policy Form

## REGISTRATION FORM

Child's Name:

\_\_\_\_\_

First

Middle

Last

Birth Date (yyyy-mm-dd): \_\_\_\_\_ Gender: \_\_\_\_\_

Date Beginning School: \_\_\_\_\_

Age of Child at that Date: \_\_\_\_\_

Home

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program: (Please Circle the days your child will be attending)

Days:    Mon:            Tues:            Wed:            Thurs:            Friday

Start Time: \_\_\_\_\_

Pick Up Time: \_\_\_\_\_



**Mother/Guardian:** \_\_\_\_\_  
First Middle Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Time: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's  
Address: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_  
First Middle Last

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Time: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's  
Address: \_\_\_\_\_



## Authorization to Release

The following individuals, other than guardian(s) listed above, will be allowed to pick up your child from our center. Special exceptions can be made by written consent at least a day prior.

Name	Relationship	Work Phone	Home Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

## Medical Information

Physician's name:

\_\_\_\_\_

Physician's phone number:

\_\_\_\_\_

Does your child have any allergies?

\_\_\_\_\_

Does your child have any special needs?

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_