

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) Email: _____
Marital Status: Married Single Divorced Separated Widowed Other _____
Preferred Method of Communication: Cell Phone Text Message Email Home Phone Cell Phone
Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

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) Email: _____
Marital Status: Married Single Divorced Separated Widowed Other _____
Preferred Method of Communication: Cell Phone Text Message Email Home Phone Cell Phone
Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

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: _____ Immunizations Up To Date: Yes No
List any existing medical conditions, medication and/or special attention your child may require? _____
Allergies: _____
Does your child have any visual, hearing, or speech problems? _____
Does your child need regular medication while at the center? Yes No If yes, please note what and when it is given _____
Pediatrician's Name: _____ Phone: () _____
Address: _____
Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Child Information - Continued

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: _____ Immunizations Up To Date: Yes No

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

Allergies: _____

Does your child have any visual, hearing, or speech problems? _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photo release: May we take and maintain a photo of your child for security purposes? Yes No

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

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

Child's Address: _____

Gender: Male Female Date of Birth: _____ Immunizations Up To Date: Yes No

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

Allergies: _____

Does your child have any visual, hearing, or speech problems? _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

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

Address: _____

Relationship to the Child: _____ PIN for Check in/out (4 digits, # only) _ _ _ _

Able to pick up all children in the family

Not able to pick up the following children: _____

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

Address: _____

Relationship to the Child: _____ PIN for Check in/out (4 digits, # only) _ _ _ _

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly Bi-Weekly Monthly Other _____

Childs First Day of Care _____ Schedule ___ AM to ___ PM M T W TH F

Payment Method Check Direct Debit ACH

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

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!