

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: _____ 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) _____
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: _____

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: _____ Child's S.S. #: _____

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

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: 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: _____ Child's S.S. #: _____

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

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

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

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: _____

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: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 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: _____ PIN for check in/out (4 digits, numbers only) _____
 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: _____ PIN for check in/out (4 digits, numbers only) _____
 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: _____ PIN for check in/out (4 digits, numbers 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 _____

Programs hours of operation: 7:00 am until 5:30 pm

Circle all that apply: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

The hours for my child(ren) will begin at _____ and I will pick up my child(ren) at _____

Rates:

Full-Time Infants: \$309 Toddlers: \$279 Preschoolers: \$269 School aged: \$225 (vacation) or \$155 (before and after care)| Part-Time Infants: \$65 per day Toddlers: \$60 per day Preschoolers: \$55 per day (dependent upon availability.)

\$25 per week sibling discount. We do accept subsidy.

Parent Handbook Acknowledgment: I have received a copy of the Parent Handbook and agree to abide by its terms.

Parent's Signature: _____ Date: _____

Thank You!