

**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 #: \_\_\_\_\_  
Preferred PIN number for checking in/out    (4 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
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 #: \_\_\_\_\_  
Preferred PIN number for checking in/out    (4 digits, numbers only) 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
Marital Status:  Married    Single    Divorced    Separated    Widowed    Other \_\_\_\_\_

**Child Information**

**1<sup>st</sup> 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:**

**1<sup>st</sup> 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: \_\_\_\_\_

**2<sup>nd</sup> 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: \_\_\_\_\_

**3<sup>rd</sup> 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: \_\_\_\_\_

**4<sup>th</sup> 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: 7:30 am until 5:15 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 \$200 per week | Part-Time \$50 per day (dependent upon availability.)

\$25 per week sibling discount.

**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!**