



le petit elephant

infant nursery ★ preschool ★ daycare ★

Registration Application

Child's Name			
Child's Birthdate			
Address			
Mother's Name			
Mother's Address			
Mother's Phone	Work:	Home:	Cell:
Mother's Cell phone network provider	_____ (for our texting software in case of emergency or group alerts)		
Mother's Email			
Mother's Employer	Occupation:		
Father's Name			
Father's Address			
Father's Phone	Work:	Home:	Cell:
Father's Cell phone network provider	_____ (for our texting software in case of emergency or group alerts)		
Father's Email			
Father's Employer	Occupation:		
Do both parents live with child?	Who has custody?		
Siblings	1. 2. 3.	Age: Age: Age:	
Schedule Requested	<input type="checkbox"/> Monday-Friday <input type="checkbox"/> Full Day 7:30a-5:30p <input type="checkbox"/> Monday, Wednesday, Friday <input type="checkbox"/> Other time: _____ <input type="checkbox"/> Tuesday, Thursday		

*office use only

Starting Date: _____ School Schedule: _____ Tuition: _____

Registration Paid: _____ Date: _____ Check: _____