

PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in Tiny Bubbles Childcare. Choosing a quality child care program is one of the most important decisions you will make. We take your choice seriously and are committed to living up to the important responsibility of caring and educating your child.

When your registration form is received, you will be contacted regarding the availability of space and the enrollment process.

Child's Name: _____

Date of Birth: ____/____/____

Child's Name: _____

Date of Birth: ____/____/____

Parent/Guardian Information

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Home phone _____

Home phone _____

Email address: _____

Email address: _____

Work address: _____

Work address: _____

Work phone #: _____

Work phone #: _____

Days you need childcare:

Full time: _____

Part time (specific days): _____

What date would you like enrollment to begin? _____

Parent/ Guardian Signature

Date

