



REGISTRATION FORM

DATE OF APPLICATION: _____ STARTING DATE: _____

PROGRAM: _____ Circle: HALF / FULL DAY

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

STUDENT'S NAME: _____

ADDRESS: _____

SEX: MALE / FEMALE

BIRTHDATE: _____

PARENT/GUARDIAN INFORMATION:

MOTHER'S NAME: _____ OCCUPATION: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ FIRM: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

FATHER'S NAME: _____ OCCUPATION: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ FIRM: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

PICK UP AUTHORIZATION:

1. NAME: _____ PHONE: _____

RELATIONSHIP: _____

ADDRESS: _____

2. NAME: _____ PHONE: _____

RELATIONSHIP: _____

ADDRESS: _____

- PERSON THAT IS UNAUTHORIZED TO PICK-UP: _____

EMERGENCY CONTACTS:

1. NAME: _____ PHONE: _____

RELATIONSHIP: _____

ADDRESS: _____

2. NAME: _____ PHONE: _____

RELATIONSHIP: _____

ADDRESS: _____

PHYSICIAN'S NAME: _____ PHONE: _____

ADDRESS: _____

HOSPITAL AFFILIATION: _____

INSURANCE COMPANY: _____ POLICY#: _____

CHILD'S ALLERGIES:

FOOD: _____

MEDICATION: _____

OTHER: _____

IMPORTANT INFORMATION OUR SCHOOL SHOULD KNOW ABOUT YOUR CHILD:

WHO REFERRED YOU:

I UNDERSTAND THAT I NEED TO PICK UP MY CHILD ON OR BEFORE 6:30PM FOR FULL DAY PROGRAM AND ON OR BEFORE 3:00PM FOR HALF DAY PROGRAM, OTHERWISE THERE WILL BE A LATE FEE CHARGED TO ME BASED ON THE CENTER POLICY.

PARENT SIGNATURE: _____

DATE: _____

PLEASE NOTIFY OUR DIRECTOR IMMEDIATELY IF ANY OF THE ABOVE INFORMATION CHANGES. THANK YOU!