



## Registration Form

Entrance Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

**Please circle one:**

Full-time Daycare  
Part-time Daycare  
Summer Program

Before and Afterschool Care  
Afterschool Care only  
Before School only

### Child:

Name: \_\_\_\_\_ Sex: M F Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Living arrangements: \_\_\_\_\_

Name of School attending: \_\_\_\_\_

### Parents:

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Place of Work: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Place of Work: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

### Release List:

The child may be released to the person signing this agreement or to the following:

Name	Address	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### Emergency Contact Information:

Person(s) to contact in case of an emergency when parents/guardians cannot be reached:

Name	Address	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Special Information:

My child has the following Special Needs: \_\_\_\_\_

The following special accommodations may be required to most effectively meet my child's needs while at the Center: \_\_\_\_\_

Medication for prescribed long-term care: \_\_\_\_\_

Pre-existing illness/allergy/health concern: \_\_\_\_\_

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**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_