



Registration Form

For Office Use Only:

Starting Date: _____ Room# _____ Withdrawal Date: _____

Please print or type the following information:

Child's Legal Name: _____

Child's Nickname: _____

Birthday: _____ Sex: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mother's Name: _____ Driver License # _____ SSN# _____

Place of employment: _____

Employment: _____

Daytime phone: _____

Father's Name: _____ Driver License # _____ SSN# _____

Place of employment: _____

Employment: _____

Daytime phone: _____

Does the child live with both parents? _____

If not, who has physical custody of the child? _____

Sibling:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Drop-off time _____ Pick-up time _____

Allergies, fears, restrictions, etc:

Schedule Please Check

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____