



## Daycare Registration

Registration must be accompanied by registration fee to assure child's admittance into the program.

**Registration fee of \$100.00 for fall and \$30 for summer is non-refundable.**

**There is also a non-refundable Supply Fee due by the first day of attendance**

Circle: Fall/Summer

Registration Pd \_\_\_\_\_

Starting date \_\_\_\_\_

Payment amount: \_\_\_\_\_

Pmt. Dates: 1 & 15 OR Other \_\_\_\_\_

- \_\_\_ 8:00 – 4:00 2 days a week M T W TH F  
(Circle the two days attending.)
- \_\_\_ 8:00 – 4:00 3 days a week M T W TH F  
(Circle the three days attending.)
- \_\_\_ 8:00 – 4:00 4 days a week M T W TH F  
(Circle the four days attending.)
- \_\_\_ 8:00 – 4:00 5 days a week
- \_\_\_ 7:00 – 5:30 3 days a week M T W TH F  
(Circle the three days attending.)
- \_\_\_ 7:00 – 5:30 4 days a week M T W TH F  
(Circle the four days attending.)
- \_\_\_ 7:00 – 5:30 5 days a week

Classroom age: Child must be stated age of the class by September 1.

\_\_\_ Nursery \_\_\_ Toddlers \_\_\_ 2's \_\_\_ Three's \_\_\_ Four's \_\_\_ School Age

Child's name: \_\_\_\_\_ Name called: \_\_\_\_\_ Sex: M F

Home phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's names: \_\_\_\_\_  
(Please include first and last names of each)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom's work phone: \_\_\_\_\_ Mom's cell: \_\_\_\_\_

Mom's email: \_\_\_\_\_

Mom's employer \_\_\_\_\_

Dad's work phone: \_\_\_\_\_ Dad's cell: \_\_\_\_\_

Dad's email: \_\_\_\_\_

Dad's employer \_\_\_\_\_

Emergency person to contact other than parent:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Church affiliation: \_\_\_\_\_ Member: Yes No

Allergies, medical conditions. birthmarks? \_\_\_\_\_

For Allergies – circle one: Mild Moderate Severe

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

My child may be picked up by the following people only: (first and last names)

\_\_\_\_\_  
\_\_\_\_\_

\*\*\* By signing this form, I am obligating my child/children to attend and agree to pay all tuitions and monies due for my child's/children's attendance. I must give a written two week notice for withdrawal and all changes to the pick-up list will made in writing, signed and dated by all legal guardians. This can only be overridden by legal documentation.

**BOTH PARENT/GUARDIANS MUST SIGN FOR THIS FORM TO BE VALID.**

Parent's/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_