



Daycare Registration

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

Registration fee of \$125.00 for fall and \$40 for summer is non-refundable.

Circle: Fall/Summer
Starting date _____

Registration Pd _____

Pmt. Dates: 1 & 15 OR Other _____

Payment amount: _____

Please choose 8:00 – 4:00 or 7:00 – 5:30.

____ 8:00 – 4:00 3 days a week M T W TH F
(Circle the three days attending.)

____ 7:00 – 5:30 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.)

____ 7:00 – 5:30 4 days a week M T W TH F
(Circle the three days attending.)

____ 8:00 – 4:00 5 days a week

____ 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: _____

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: _____