



REGISTRATION

Child's Name _____
Date of birth _____ Place of birth: _____
Parent Names: Mother _____ Father _____
Home address _____
Home phone _____ Sex: Male _____ Female _____
Email address _____
Has child previously attended child care? Yes _____ No _____
If yes, give name of school or center _____
Dates attended _____
Reason for withdrawal _____
How did you hear about us? _____

Sibling Information

Names	Birth date	Male	Female	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student lives with: Both parents _____ Mother _____ Father _____ Other _____

Has student completed all immunization requirements as outlined on the shot record?

YES _____ NO _____ If not, please update.

A copy of the child's official birth certificate is required.

Has copy been attached? YES _____ NO _____

Medical

Medical condition _____

Allergies _____

Medication _____

Comments _____

OFFICE USE ONLY

Full Day _____ 5 Days _____ MWF _____ T/TH _____ Hours _____
Enrollment Date _____ Immunization completed _____
Toilet Trained? _____ Physical exam completed _____
Custody Documentation _____ Birth certificate _____
Registration fee (non-refundable) \$ _____ Paid _____