

Parent/Guardian Information

Registration Date _____

Mother/Guardian First Name: _____ MI _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone :() _____

Employed By: _____ Office Phone :() _____

Cell Phone: () _____ Email: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st Set _____ 2nd Set _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Custodial Parent (if married, mark both parents)

Father/Guardian First Name: _____ MI _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone :() _____

Employed By: _____ Office Phone :() _____

Cell Phone: () _____ Email: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st Set _____ 2nd Set _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Custodial Parent (if married, mark both parents)

Child Information

1st Child First Name: _____ MI _____ Last Name: _____

Gender: [] Male [] Female Date of Birth: _____ Nickname: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Pediatrician's name: _____ Phone: () _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

2nd Child First Name: _____ MI _____ Last Name: _____

Gender: [] Male [] Female Date of Birth: _____ Nickname: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Pediatrician's name: _____ Phone: () _____

Photographs: May we take and maintain a photo of your child for security purposes? [] Yes [] No

3rd Child First Name: _____ MI _____ Last Name: _____

Gender: Male Female Date of Birth: _____ Nickname: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Pediatrician's name: _____ Phone: () _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ MI _____ Last Name: _____

Gender: Male Female Date of Birth: _____ Nickname: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require:

Allergies: _____

Pediatrician's name: _____ Phone: () _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pickup Name: _____ Phone: () _____
 Relationship to Child: _____ PIN for check in/out: 1st Set _____ 2nd Set _____
 Able to pick up all the children in the family
 Not able to pick up the following children _____

2nd Contact/Pickup Name: _____ Phone: () _____
 Relationship to Child: _____ PIN for check in/out: 1st Set _____ 2nd Set _____
 Able to pick up all the children in the family
 Not able to pick up the following children _____

3rd Contact/Pickup Name: _____ Phone: () _____
 Relationship to Child: _____ PIN for check in/out: 1st Set _____ 2nd Set _____
 Able to pick up all the children in the family
 Not able to pick up the following children _____

4th Contact/Pickup Name: _____ Phone: () _____
 Relationship to Child: _____ PIN for check in/out: 1st Set _____ 2nd Set _____
 Able to pick up all the children in the family
 Not able to pick up the following children _____

Tuition/Payment Information:

Whole Tuition Amount: \$ _____ Monthly or Half Tuition Amount: \$ _____ Twice Monthly

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above: _____

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff?

Signature:
 Parent's Signature: _____ Date: _____