

Registration Form



Child's Name _____

Birthdate _____ M _____ F _____ T-shirt size: _____

Address: _____

Mother's/Legal Guardian's Name: _____

Address (if different from child's): _____

Email: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Father's /Legal Guardian's Name: _____

Address (if different from child's): _____

Email: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Does your child receive support services or have an IEP or IFSP? _____
If so, please provide a copy.

Allergies/Medical Concerns: _____

Are there any court orders affecting this child? _____ Yes _____ No
If yes: You must provide a copy of the court order prior to admittance.
If no: Please be aware that both parents will have equal access to child.

Parent Signature _____ Date _____

This completed application along with the \$60.00 Registration Fee and 2 weeks Security Deposit (both non-refundable upon cancellation) will register your child.

Enrollment Information (Office Use Only)

Enrolling for: 2-day AM _____ 3-day AM _____ 5-day AM _____ full day _____

Young Toddler _____ Older Toddler _____ Preschool _____ PreK _____

Arrival/Departure Times: _____ am _____ pm

Start Date _____