

Registration Information		
Enroll Date:	Enroll Time: (AM/PM)	Enroll Day: (Mon/Tue/Wed/Thu/Fri)
Start Date:	Time of Arrival: (AM/PM)	Name of Department: (N/A)
Address: Street: Apt/Condo/Box: City:		

Child's Information			
Child's Full Name:		Date of Birth:	
Address:		Grade Level:	
		Phone #:	
(City)	(State)	(Zip)	Teacher:

Family Information	
Parent's Name: Address: Apt/Condo/Box: Phone #: Place of Employment: Address: Work Phone #: Cell Phone #: Spouse's Name(s) and Age(s):	Mother's Name: Address: Apt/Condo/Box: Phone #: Place of Employment: Address: Work Phone #: Cell Phone #:

Emergency Contact and Medical Information	
Emergency Contact Person:	Relationship to Child:
Address:	Phone #: Cell Phone #:
Child's Physician:	Phone #:

Authorized Individuals for Pick Up (Must present photo ID)			
Name:	Phone #:	Cell Phone #:	Relationship to Child:
Name:	Phone #:	Cell Phone #:	Relationship to Child:
Name:	Phone #:	Cell Phone #:	Relationship to Child:
Name:	Phone #:	Cell Phone #:	Relationship to Child:

Parent(s) Signature: _____