



Office use only:

Start date: \_\_\_/\_\_\_/\_\_\_      Age \_\_\_  
 Classroom: \_\_\_\_\_      Deposit \_\_\_  
 Check/CC/Cash \_\_\_\_\_

Child's Name \_\_\_\_\_

Today's Date \_\_\_/\_\_\_/\_\_\_

Sex: \_\_\_ M \_\_\_ F

Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother /Guardian's Name \_\_\_\_\_

Email \_\_\_\_\_

Father /Guardian's Name \_\_\_\_\_

Email \_\_\_\_\_

Name of Person Registering the Child \_\_\_\_\_

Child lives with: \_\_\_ Both Parents

\_\_\_ Mother

\_\_\_ Father

\_\_\_ Guardian

Primary language spoken at home: \_\_\_\_\_

**Only the person registering the child can make changes.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pick up time					