



**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed

Other \_\_\_\_\_

**Child Information**

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ List any existing medical conditions, medication and/or special attention your child may require? \_\_\_\_\_

\_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_ Pediatrician's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

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



**Child Information - Continued**

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ List any existing medical conditions, medication and/or special attention your child may require? \_\_\_\_\_

\_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_ Pediatrician's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

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

**3rd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ List any existing medical conditions, medication and/or special attention your child may require? \_\_\_\_\_

\_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_ Pediatrician's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

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

**4th Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ List any existing medical conditions, medication and/or special attention your child may require? \_\_\_\_\_

\_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_ Pediatrician's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

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



**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**4th Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_ \_ \_ \_

Able to pick up all children in the family

Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**

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**Office Use Only**

\_\_ **Registration Fee Paid** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_

\_\_ **Tuition: PP/Title XX**    **Co-Pay:** \_\_\_\_\_

\_\_ **Enrolled: Yes/No**    **Waiting List: Yes/No**    **Class Assigned:** \_\_\_\_\_

\_\_ **Siblings:** \_\_\_\_\_    **Start Date:** \_\_\_\_\_    **Admin Initials:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_