

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

☐ Custodial Parent (If married, mark both parents) _____

Email: _____ ID #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Partners ☐ Other _____**Father/Guardian** First Name: _____ 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 ID #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Partners ☐ Other _____

Child Information

1st Child First Name: _____ Last Name: _____

Name child prefers to be called: _____ Level/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's ID no _____

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 safety purposes? ☐ Yes ☐ No

Emergency Contacts & Authorised Pickup Persons:**1st 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: (to be filled by staff person)**Current Tuition Amount: _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Please outline below who 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!