



*Welcoming your family to our family*

**CHILD REGISTRATION FORM**

Child's last name \_\_\_\_\_ First name \_\_\_\_\_

Nickname (optional) \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

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

Work Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Starting date for this child: \_\_\_\_\_ Referred by \_\_\_\_\_

Days and Approximate times care will be needed:

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Director Signature)

\*\*\*\*\* Office Use Only \*\*\*\*\*

Date deposit was received \_\_\_\_\_

Room Assignment: \_\_\_\_\_

Registration form was received \_\_\_\_\_

Food Program Status: \_\_\_\_\_

Date parent was notified of acceptance \_\_\_\_\_

Received parent handbook \_\_\_\_\_

Received parent packet \_\_\_\_\_