



Office Use	
Start Date: _____	Term Date: _____
Full Time	Part Time
Tuition Amount: \$ _____	
Comments: _____	
_____	

## Registration Form



### Child Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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



### Family Information

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

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

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

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Email: \_\_\_\_\_ Email: \_\_\_\_\_



### Emergency Contacts

Child may be released only to the custodial parent, legal guardian or persons listed below with picture identification. If the custodial parent or legal guardian can not be reached the following persons will be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_



### Special Needs or Allergies

Florida Statutes: I have read and understand the "Know Your Childcare Facility" brochure and the disciplinary policies for this center. I also grant the center permission to transport my child for reasons of field trips, after school programs or emergencies.

Collection Disclaimer: As parent or legal guardian you are responsible for all charges made and/or pending during enrollment period and at the time of dismissal.

With my signature I assure that the information provided is true, correct and complete.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_