



CHILD DAY CARE REGISTRATION

Please fill out this form to register your child for our day care. We will care for your child as early as six in the morning (6:00 AM) to as late as eight thirty at night (8:30 PM). Below, you will choose your payment schedule of daily, weekly, or monthly. Please check with one of our staff members to setup your payment option, depending on which you choose. For further information, you may talk to one of our workers or pick up a brochure at the door. Thank you for coming to us in care of your child.

PARENT/GUARDIAN INFORMATION

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

HOME PHONE (_____) - _____ - _____ CELL PHONE (_____) - _____ - _____

ADDRESS _____ SIGNATURE _____

SIGNATURES OF OTHER PEOPLE ALLOWED TO PICK UP YOUR CHILD _____ ,

_____ , _____ , _____ , _____

CHILD INFORMATION

① CHILD'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

BIRTH DATE ____ / ____ / ____ WHAT WE SHOULD KNOW (ALLERGIES, RELATIONSHIPS, CONDITIONS, ETC):

② CHILD'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

BIRTH DATE ____ / ____ / ____ WHAT WE SHOULD KNOW (ALLERGIES, RELATIONSHIPS, CONDITIONS, ETC):

③ CHILD'S FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

BIRTH DATE ____ / ____ / ____ WHAT WE SHOULD KNOW (ALLERGIES, RELATIONSHIPS, CONDITIONS, ETC):

PAYMENT

GIVE THE TIMES (FROM) WHEN YOU WILL DROP OFF YOUR CHILD AND (TO) WHEN YOU WILL PICK THEM UP ON THE TOP AND BOTTOM LINES RESPECTIVELY FOR THE APPROPRIATE DAYS.

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

METHOD OF PAYMENT: (CHOOSE ONE - IF PAYPAL, GIVE YOUR INFORMATION AT THE DESK.)

ONLINE: ☐ PAYPAL
AT THE COUNTER: ☐ DAILY
☐ WEEKLY
☐ MONTHLY

SIGNATURE _____

AFTER YOU HAVE COMPLETED YOUR REGISTRATION, PLEASE GIVE THIS SHEET TO THE MAIN DESK, AND YOU MAY BEGIN OUR SERVICE AS SOON AS YOU MAY NEED TO.