



Registration Form

Child's Name: _____ Gender: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Desired Start Date: _____

Child's Medical Information

Eye Color: _____

Hair Color: _____

Physician Information

Name of Physician: _____

Phone: _____

Health Insurance Carrier: _____

Member #: _____

Please Check Desired Schedule (all schedule options are full days 7:00 a.m. to 6:00 p.m.)

Infants thru 2 years

- 5 Full Days

2-Year Old Toddlers

- 5 Full Days
 3 Full Days (Mondays, Wednesdays, Fridays only)
 2 Full Days (Tuesday & Thursdays only)

3-Year Old Preschool

- 5 Full Days
 3 Full Days (Mondays, Wednesdays, Fridays only)
 2 Full Days (Tuesday & Thursdays only)

4-Year Old Preschool

- 5 Full Days
 3 Full Days (Mondays, Wednesdays, Fridays only)
 2 Full Days (Tuesday & Thursdays only)

Office Use Only

Confirmed Start Date: _____ Authorized Signature: _____