



Registration Form

Date of Admission: _____

Age at Admission: _____

Date of Birth: _____

Child's Name: _____
Last Name, First Name

Father/Parent:	Mother/Parent:
Address:	Address:
Town: Zip code:	Town: Zip code:
Home phone:	Home phone:
Cell:	Cell:

Others in your family/ relationship: _____

Fathers/Parent's Place of Work	Mothers/Parent's Place of Work
Name of Business:	Name of Business:
Address:	Address:
Town: Zip code:	Town: Zip code:
Work phone:	Work phone:

IF PARENTS CANNOT BE CONTACTED, NOTIFY THE FOLLOWING:

Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Address:	Address:

Child's Physician /Clinic: _____ Phone: _____

Child Identifying Information, Required by Department of Early Education and Care

Eye Color: _____ Hair Color: _____ Gender: _____ Height: _____ Weight: _____

Race: _____ Identifying Marks: _____

1st year Parent Signature: _____ Date: _____

2nd year Parent Signature: _____ Date: _____

3rd year Parent Signature: _____ Date: _____

4th year Parent Signature: _____ Date: _____