

Harvest Time Child Development Center Registration Form

CHILD'S NAME: _____
(Last) (First) (Middle)

(Nickname) (Sex) (Age) (Birthdate)

HOME ADDRESS: _____
(Street) (City) (Zip)

CHILD LIVES WITH: _____

Parents/Guardians

FATHER'S FULL NAME: _____

SOC. SEC. NO.: _____

MOTHER'S FULL NAME: _____

SOC. SEC. NO.: _____

Contact Numbers & Email Information

Father Home: _____ Mother Home: _____

Father Work: _____ Mother Work: _____

Father Cell: _____ Mother Cell: _____

Father Email: _____ Mother Email: _____

Parent's Employers

FATHER'S EMPLOYER: _____

MOTHER'S EMPLOYER: _____

Alternate Caregivers:

List two (2) neighbors or relatives who will assume care of your child in your absence:

(Name) (Address) (Phone No.)

(Name) (Address) (Phone No.)

LOCAL PHYSICIAN: _____
(Name) (Phone No.)

In case of accident or serious illness, I request the daycare to contact me; if the daycare is unable to reach me, I hereby authorize the daycare to call the physician indicated above and follow his instructions. If impossible to contact physician, daycare may make necessary arrangements.

(Date) (Signature of Parent/Guardian)

FOR OFFICE USE ONLY:

Registration Fee: _____ Curriculum Fee: _____ Weekly Fee: _____

Starting Date: _____ Tote Bag: _____ T-Shirt: _____ Mat: _____