

Parent/Guardian Information

2026

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Work Hours: _____ Cell Phone: () _____
☐ Custodial Parent (If married, mark both parents) _____
Email: _____ Driver's License #: _____
Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____
Address: _____
Occupation: _____ Home Phone: () _____
Employed By: _____ Office Phone: () _____
Work Address: _____ Work Hours: _____ Cell Phone: () _____
☐ Custodial Parent (If married, mark both parents) _____
Email: _____ Driver's License #: _____
Marital Status: ☐ Married* ☐ Single* ☐ Divorced* ☐ Separated* ☐ Widowed ☐ Other _____ *If
there is a court ordered parental rights and responsibilities or divorce order, please provide a copy on or before
the first day.

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____
Name child prefers to be called: _____ Grade/Class: _____
Child's Address: _____
Gender: ☐ Male ☐ Female Date of Birth: _____
List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____
Pediatrician's Name: _____ Phone: () _____
Address: _____

Dentist name: _____ Phone: () _____
Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

Child Information - Continued**2nd Child** First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dentist name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No**3rd Child** First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dentist name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No**4th Child** First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Child's S.S. #: _____List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dentist name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? ☐ Yes ☐ No

Emergency Contacts & Authorized Pickup Persons:**1st Contact/Pick Up** Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

☐ Able to pick up all children in the family☐ Not able to pick up the following children: _____**2nd Contact/Pick Up** Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

☐ Able to pick up all children in the family☐ Not able to pick up the following children: _____**3rd Contact/Pick Up** Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

☐ Able to pick up all children in the family☐ Not able to pick up the following children: _____**4th Contact/Pick Up** Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

☐ Able to pick up all children in the family☐ Not able to pick up the following children: _____**Tuition / Payment Information:**Current Tuition Amount: _____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other _____

Programs hours of operation: 7:30 am until 5:30 pm

Circle all that apply: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

The hours for my child(ren) will begin at _____ and I will pick up my child(ren) at _____

Rates:

Full-Time Infants: \$365 Toddlers: \$335 Budding Preschool & Preschoolers: \$315 School aged: \$290

(vacation) or \$175 (before and after care)| Part-Time Infants \$90/day and Toddlers: 85 per day Preschoolers \$85 per day & school aged remote: \$70 per day (dependent upon availability.) A two week deposit is required at time of registration and this is applied to the last two weeks of care/any notice period.

\$25 per week sibling discount if full time care. We do accept subsidy. If on subsidy, a two week nonrefundable registration fee is due in lieu of a deposit. PLEASE NOTE THAT THE TWO WEEK

DEPOSIT/REGISTRATION FEE IS NON-REFUNDABLE. Parent Handbook Acknowledgment: I have received a copy of the Parent Handbook and agree to be bound by its terms.

ParentSignature _____ Date: _____

Thank You!