



# Children's Corner Learning Center

## Registration Application

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Do both parents reside together? \_\_\_\_\_ If not, please provide alternative address:

\_\_\_\_\_

**Do both parents have unrestricted access to the child? If not, please explain:**

\_\_\_\_\_

Mother's Work Information: Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Company Main #: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Beeper #: \_\_\_\_\_

Father's Work Information: Social Security #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Company Name & Address: \_\_\_\_\_

Company Main #: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Beeper #: \_\_\_\_\_

Alternate Person to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Physician/Pediatric Group: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Child's General Health: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_

Please describe your child's previous childcare arrangement, if any:

\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Siblings & Ages: \_\_\_\_\_

Comments to help us know your child better:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No application will be accepted unless accompanied by a non-refundable Registration Fee and a one (1) month deposit.

Should you wish to withdraw your child from our program, one (1) month written notice must be submitted to the Center Director. Mid-month withdrawals **will not** be accepted. Withdrawal notice must be submitted no later than the 1<sup>st</sup> day of the previous month if you wish to withdraw your child.

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date