

Sacred Heart Daycare and Learning Center's Registration Form

Parent/Guardian Information

Registration Date: _____

Date of termination _____

Child Information

Child's 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: _____

Physical Health of Child: _____

Doctor's Name: _____ Phone# _____

Dentist Name: _____ Phone # _____

Mother/Guardian First Name: _____ M.I. Last Name: _____

Address: _____

Occupation: _____ Cell Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Other Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. Last Name: _____

Address: _____

Occupation: _____ Cell Phone: () _____

Employed by: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Other Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Consent to medical care and treatment of minor:

I give permission that my child, _____ may be given first aid/ emergency treatment by the child care staff at Sacred Heart Daycare and Learning Center.

Parent/ Guardian Signature: _____ Date: _____

Sacred Heart Daycare and Learning Center's Registration Form

I also give permission for my child, _____ to be transported by ambulance to the hospital in the case of a medical emergency. I also give permission that the Center may contact a physician if necessary.

Parent/ Guardian Signature: _____ Date: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Cell Phone# _____

Relationship to the Child: _____ Other Phone# _____

2nd Contact/Pick Up Name: _____ Cell Phone# _____

Relationship to the Child: _____ Other Phone # _____

3rd Contact/Pick Up Name: _____ Cell Phone# _____

Relationship to the Child: _____ Other Phone # _____

4th Contact/Pick Up Name: _____ Cell Phone# _____

Relationship to the Child: _____ Other Phone # _____

Tuition / Payment Information:

Current Tuition Amount per week: _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Vacation leave: I realize that I can take my child out of daycare for 5 consecutive days without having to pay my weekly tuition, if I give a two-week notice, once a contracted year. Example: if your contract starts August 1, 2016, you may use your one week of vacation until August 1, 2017. Then your year starts over. You do not have to use it. It is just an option.

Additional Comments & Information:

I understand that I will be charged and additional \$1.00 per minute for any time after the 5:30 P.M. closing time for my child.

Registration Fee:

I understand that I need to pay \$125 total to hold my child's spot for the Sacred Heart Daycare and Learning Center, this will be applied to my last week of daycare services. (Application time \$100.00 and Registration time \$25 unless I do these at the same time.

Parent's Signature: _____ Date: _____

Thank You!