

Registration

Return on or before first day of enrollment

For office use only
___ Copy for Classroom
___ Copy for Child's File

Enrollment Date: _____ First Day of Attendance: _____ Registration Fee Paid: _____

Child's Name: _____ Child Called: _____ M F

Birthdate: _____ Age: _____ School: _____ Grade: _____

Indicate days attending: M T W TH F Times attending: _____ to _____

For Mailing:

Name: _____

Street: _____

City: _____

State/Zip: _____

Home Phone: _____

For Billing:

Name: _____

Street: _____

City: _____

State/Zip: _____

Home Phone: _____

Child Lives With:

Name: _____

Relationship to Child: _____

Employer: _____

Hours: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Name: _____

Relationship to Child: _____

Employer: _____

Hours: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Non-Custodial Parent:

Name: _____ Relationship to Child: _____

Street: _____ Employer: _____

City/State/Zip: _____ Hours: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Does your child see this person? _____ Will this person interact with your child at the Center?: _____

Any restrictions/limitations (COPY OF LEGAL DOCUMENTATION REQUIRED) Yes No

Emergency Information:

Doctor Name/Address/ Phone: _____

Dentist Name/ Address/ Phone: _____

The following persons may be called in an emergency or may remove my child from the Center without my time-specific authorization.
(NOTE: Please furnish LOCAL names with both work and home phone numbers)

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

You may add additional contacts on the back of this page if you wish

I UNDERSTAND THAT, BY ENROLLING MY CHILD AND LEAVING MY CHILD IN LADYBUG'S CARE, I HAVE AGREED TO THE FOLLOWING SPECIFICS AND TO THE TERMS OF THE PARENT HANDBOOK AND ENROLLMENT CONTRACT:

- o Ladybug is authorized to secure necessary medical/dental help in an accident or emergency.
- o If I was to default on payments and legal action becomes necessary, I agree to pay all collection expenses including administrative costs, court costs and attorney fees.
- o My child's records may be reviewed by a public health nurse in consultation with the Center.
- o Although Ladybug staff will make every effort to safeguard children's personal property, Ladybug is not responsible for items brought to the Center, including clothing, which may be lost, stolen or damaged.

Signature: _____ Date: _____ rev 11/11