

**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

