



LITTLE TREASURES  
LEARNING CENTER

# REGISTRATION FORM

## MOTHER'S INFORMATION

Circle one

Mrs. Ms. Miss Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Work # \_\_\_\_\_

Driver License # \_\_\_\_\_ Email \_\_\_\_\_

## FATHER'S INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Work # \_\_\_\_\_

Driver License # \_\_\_\_\_ Email \_\_\_\_\_

Parents are:  Married,  Living Together,  Divorced,  Separated,  Widowed,  Single

## 1<sup>st</sup> CHILD'S INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  Boy  Girl

Date of Birth \_\_\_\_\_ Start Date \_\_\_\_\_

Classroom \_\_\_\_\_ Program \_\_\_\_\_ Days per week  5  3  2

Lunch:  Regular  Vegetarian or  From home

Allergies or other important information \_\_\_\_\_

## 2<sup>nd</sup> CHILD'S INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  Boy  Girl

Date of Birth \_\_\_\_\_ Start Date \_\_\_\_\_

Classroom \_\_\_\_\_ Program \_\_\_\_\_ Days per week  5  3  2

Lunch:  Regular  Vegetarian or  From home

Allergies or other important information \_\_\_\_\_

Did someone refer you?  Yes  No If yes, who? \_\_\_\_\_

## EMERGENCY CONTACTS (OTHER THAN PARENTS)

1 <sup>st</sup> Name _____	Phone # _____	Relation to child _____
2 <sup>nd</sup> Name _____	Phone # _____	Relation to child _____
3 <sup>rd</sup> Name _____	Phone # _____	Relation to child _____

## HEALTH INSURANCE INFORMATION

Name of Child's Health Insurance Carrier _____
Member Name _____ Effective Date _____
Member ID Number _____ Group Number _____

## CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child please explain below and attach a copy of appropriate documents (Court Order).

Not Applicable     Yes, this situation applies (please explain)

\_\_\_\_\_

## AUTHORIZATION

### I UNDERSTAND AND AGREE:

- To the policies and requirements outlined in the "Parents Handbook" including the payment of tuition which is due on the 25<sup>th</sup> day of the previous month through an electronic fund transfer and the "Information to Parents Statement". Specifically I understand that Full Tuition is due regardless of holidays, snow days, short-term illness, or vacations. School hours are 7:00am – 6:30pm. An additional charge will be assessed if your child remains after closing time (see fee schedule). All returned transactions will be assessed a penalty to cover bookkeeping corrections (see fee schedule).
- In the event that a medical emergency occurs, I authorize Little Treasures Learning Center to seek emergency medical care for my child as deemed necessary by the Director and I authorize such medical service provider to carry out required emergency treatment.
- I understand that if my child has allergies or food sensitivities their name and allergy information will be posted in the classroom.
- I understand and agree that my child will be photographed at the school, that the pictures will be used and/or printed for classroom use and/or displays, and that these pictures may be available to be shared and/or printed amongst other parents at Little Treasures. I hereby grant permission for Little Treasures to photograph my child(ren) and use these pictures for brochures and website purposes.
- My Child has my permission to participate in the rock wall climbing activities once he/she is age eligible for Pre-K program. I understand that the rock wall climbing activities will be for the children age 3-9 years of age. I, the undersigned, waive Little Treasures Learning Center from any claims for injuries to my child while participating in this activity.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date