



Child's Name: _____

Preschool Registration Form

Child's Full Name: _____ Date of Birth: _____

Start Date: _____ Child is: (circle one) Male/Female Child's Home Phone _____

Child's Home Address/City/Zip: _____

Mother's Name: _____ E-mail: _____

Mother's Home Address/City/Zip: _____

Work Name & Address/City/Zip: _____

Home Phone: _____ Work Phone: _____

Father's Name: _____ E-mail: _____

Father's Home Address/City/Zip: _____

Work Name & Address/City/Zip: _____

Home Phone: _____ Work Phone: _____

Parents are (circle one): Married Separated Divorced Widowed Single Living Together

Emergency Contacts & Pick up Persons: (Three complete addresses are required by state.)

1. Name: _____ Phone: _____

Relationship to Child: _____ Address/City/Zip: _____

2. Name: _____ Phone: _____

Relationship to Child: _____ Address/City/Zip: _____

3. Name: _____ Phone: _____

Relationship to Child: _____ Address/City/Zip: _____

Additional persons permitted to pick up your child _____

Persons NOT PERMITTED to pick up your child: _____



Child's Name:

My child's schedule will be as follows: (Part-time is 5 hours/day or less, everything else is full-time.)

Monday:	PT	FT	Drop-off time _____	Pick-up time: _____
Tuesday:	PT	FT	Drop off time: _____	Pick-up time: _____
Wednesday:	PT	FT	Drop off time: _____	Pick-up time: _____
Thursday:	PT	FT	Drop off time: _____	Pick-uptime: _____
Friday:	PT	FT	Drop off time: _____	Pick-up time: _____

I would like to pay (circle one) Weekly/Monthly.

My tuition will be (see enclosed rate sheets.) _____.

You can withdraw it through tuition express: (circle one)

- Every Friday Every Monday Every Two Weeks Monthly (on the 5th)

I understand these rates may change and that I will be given adequate notice of any changes. I have read, understand, and agree to all financial policies as stated in the Blooming Littles policy handbook and as provided with this registration form.

Photo Release: I hereby grant permission of any photographs or digital images taken of my child while at BLLC to be used in future printed or digital publication or websites. My child will not be identified by name and no compensation will be expected.

Parent Signature

Date

Parent Signature

Date