

## REGISTRATION FORM

<b>Student's Name</b>	Date of Birth	Home Phone #
Street Address	City, State, Zip code	
Siblings at home (name)	Age	
<b>Mother's Name</b>	Cell Phone #	
Address (if different from child's)		
Mother's Place of Employment	Work Phone #	
Home e-mail address:	Work e-mail address:	
<b>Father's Name</b>	Cell Phone #	
Address (if different from child's)		
Father's Place of Employment:	Work Phone #	
Home e-mail address:	Work e-mail address:	
Please indicate which parent child lives with:		

*If one parent is not involved with child or has no privileges, please indicate so above.*

**Daycare will be needed as follows: Please circle: Full Time or Part Time  
(circle days and times below)**

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
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*Please indicate if your child is school age and what school he/she will be bused to or from: \_\_\_\_\_*

**Please indicate if your child will need morning care or afterschool care or both \_\_\_\_\_**

Date You Would Like Your Child to Begin Daycare \_\_\_\_\_ Anticipated End Date \_\_\_\_\_

Tuition payments may be made by cash or check and are due on the first day of your child's school week.

Failure to do so will result in a \$5 fee after 2 days.

Payments may be paid \_\_\_\_ weekly \_\_\_\_ semi-monthly or \_\_\_\_ monthly (Please check one)

Please indicate if you are a State Subsidized family and receive tuition assistance \_\_\_\_yes \_\_\_\_no

If yes, please indicate certificate # \_\_\_\_\_. All families receiving tuition assistance must receive approval from DHHS prior to beginning enrollment or be responsible for paying tuition weekly at the current **TOTS' TOWN** posted rate.

A **non-refundable registration fee** of \$70 per child is required with the registration form to acquire enrollment at the Center as well as a deposit of one week's tuition. Your deposit will be returned to you when a 2 week written notice of termination is given and after your last two weeks tuition payments are made. *Failure to give 2 weeks written notice* and pay the last two weeks of tuition will result in forfeiture of your deposit. Please make all checks payable to: **TOTS' TOWN, INC., CHILD CARE CENTER.**

**I agree to abide to all the above mentioned rules and regulations.**

X

\_\_\_\_\_  
Signature of Parent/Guardian

**FOR OFFICE USE ONLY:**

Reg. Fee	Amount	Cash	Ck #	Date Pd.
Deposit Fee	Amount	Cash	Ck #	Date Pd.