

# New Family Registration Sheet

## CONTACT INFORMATION:

**Mother** or Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Father** or Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Family Password (Optional): \_\_\_\_\_

**How did you hear about us? (Circle One)** Current Customer Phone Book TV Radio  
Friend: \_\_\_\_\_ Drive-by Internet Mailer Newspaper Other

## AUTHORIZED TO PICK-UP / EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CHILD INFORMATION:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Allergies: \_\_\_\_\_

*Additional Information:* \_\_\_\_\_

## TERMS AND CONDITIONS AGREEMENT:

I hereby acknowledge that I have been provided with and have read the Terms and Conditions of Heights Drop-In & West End Drop-In Child Care Centers. I agree to all terms, conditions, and to adhere to all rules and regulations contained in this agreement.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_