

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: _____

Additional Contact Info: _____

How did you hear about us? (Circle One) Current Customer Phone Book TV Radio
Friend: _____ Website/Internet Facebook Mailer Other

AUTHORIZED TO PICK-UP / EMERGENCY CONTACT: (OTHER THAN LEAGAL GUARDIANS)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

CHILD INFORMATION:

Name: _____ D.O.B: _____ Allergies: _____

Name: _____ D.O.B: _____ Allergies: _____

Name: _____ D.O.B: _____ Allergies: _____

Name: _____ D.O.B: _____ Allergies: _____

Name: _____ D.O.B: _____ Allergies: _____

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 West End Drop-In Child Care Center. I agree to all terms, conditions, and to adhere to all rules and regulations contained in this agreement.

Print Name: _____ Signature: _____ Date: _____