SOLID ROCK CHILDCARE

CLASSROOM REGISTRATION

Child Name:			
Gender: Desir	red Start Date:/	Childs Age When Starting:	
Parent Name(s):			_
Parent Phones: Mom		oad	
Parent Emails: Mom		Dad	
Type of Care Needed (please	check one):		
Full Time	Part Time	Before & After School Summer Camp Only	
Potential Child Schedule:	Monday to Tuesday to Wednesday to Thursday to Friday to		
Elementary School Attending	(if applicable):	Grade:	_
Transportation Need	ed:No		
Current Method of Care:	How	did you hear of us?	