

Tiny Tots Early Learning Center REGISTRATION FORM

(Please **print** legibly)

STUDENT INFORMATION

Full Name: _____ Preferred Name: _____

Age: _____ Sex: _____ Birth date: _____

Has this child previously attended a nursery/preschool? _____

Does your child have any allergies or medical conditions we should be aware of? (If yes, please be specific) _____

CLASS PREFERENCE (please specify 1st and 2nd choice if applicable)

Tot Program

_____ Wed/Fri morning class (9-11:30 am) \$125.00 per month

Preschool Program

_____ Wed/Fri morning (9-11:30 am) \$125.00 per month

_____ Tues/Thurs morning (9-11:30 am) \$125.00 per month

_____ Tues/Thurs afternoon (12:30-3:30 pm) \$135.00 per month

Pre-Kindergarten Program

_____ Mon/Tues/Thurs morning (9-11:30 am) \$187.00 per month

_____ Mon/Tues/Thurs afternoon (12:30-3:30 pm) \$202.00 per month

_____ Tues/Wed/Thurs/Fri morning (9-11:30 am) \$250.00 per month

PARENT INFORMATION

Father's Name: _____ Home Phone: _____

Address: _____

Employer: _____ Phone: _____

Cell: _____ Email: _____

Mother's Name: _____ Home Phone: _____

Address: _____

Employer: _____ Phone: _____

Cell: _____ Email: _____

FAMILY INFORMATION

Name and Age of Siblings (living at home)

EMERGENCY INFORMATION

Please list at least four emergency contacts (including child's parents) in the order in which you prefer calls to be made.

Name _____ Phone _____

Relationship to Child _____

AUTHORIZED FOR PICK-UP

No child will be allowed to leave the school with any individual that has not been cleared by the parent. Please list any person who may be picking up your child from school (include parents if applicable).

Name

Phone

Relationship to Child