

FAMILY REGISTRATION FORM
Parent/Guardian Information

Registration Date: _____
Enrollment Date _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Cell phone carrier: Sprint T-Mobile Metro by T- mobile Verizon Boost mobile AT&T other _____

Please submit a copy of your driver's license or identification card.

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Cell phone carrier: Sprint T-Mobile Metro by T- mobile Verizon Boost mobile AT&T other _____

Please submit a copy of your driver's license or identification card.

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Child Information - Continued

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

FAMILY REGISTRATION FORM

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only)

1st choice _____ 2nd Choice _____

Able to pick up all children in the family

not able to pick up the following children: _____

2nd Contact/Pick up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only)

1st choice _____ 2nd Choice _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only)

1st choice _____ 2nd Choice _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only)

1st choice _____ 2nd Choice _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

I agree to pay the Weekly rate, which is due Monday of each week. I understand that there are no adjustment made to tuition payments for days missed because of emergency closing, holidays, or illnesses.

I understand that the registration fee is due upon enrollment and is non-refundable, and that this is an annual fee.

INDIVIDUAL REGISTRATION FEE: \$150.00

FAMILY REGISTRATION FEE: UP TO 3 CHILDREN) \$200.00

A one-time deposit in the amount of the first week’s tuition, (which is held until your child’s final week of care), is required upon first time enrollment.

Current Tuition Amount: Weekly Bi-Weekly Monthly Other Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature: Parent responsible for tuition

Parent's Signature: _____ Date: _____

Thank You!
Management
Visions & Dreams Learning Center