



After School Registration Form

School: _____ Homeroom Teacher: _____

Child's Full Name: _____ Preferred name: _____

Date of Birth: _____ Sex: _____

Address: _____ Home Phone: _____

Mother's Name/Home Address/Telephone Number (if different from child's):

Place of Employment: _____ Work Phone: _____

Father's Name/Home Address/Telephone Number (if different from child's):

Place of Employment: _____ Work Phone: _____

Child's Living Arrangements: Both Parents Mother Father Other
Child's Legal Guardian(s): Both Parents Mother Father Other

Other Household Members (siblings, etc.)

Your child can be released to the following people:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Person (if parents can't be reached):

Name: _____ Phone Number: _____

Relationship: _____

Name of Insurance Company: _____

Policy Number: _____

Group Number: _____

Name of Person Insured: _____

Child's Physician: _____ Phone Number: _____

List any special dietary needs for child:

List child's allergies:

List current medications:

Parental Agreement

I have received a copy and agree to abide by the policies and procedures for Happy Place Learning Center.

I agree for my child to walk to the center with adult supervision or to ride the bus to the center in inclement weather.

I agree to pay for my child's care on time and understand that delinquent payment of more than 7 days will result in late fees and possible dismissal of my child.

I acknowledge that my child's enrollment in the Center is at the discretion of the Center's director and can be revoked at any time.

_____ Parent's Signature _____ Date