



LITTLE TREASURES
LEARNING CENTER

REGISTRATION FORM

MOTHER'S INFORMATION

Circle one

Mrs. Ms. Miss Last Name _____ First Name _____

Home Address _____ City _____ Zip _____

Home # _____ Cell # _____ Cell Phone Provider _____

Employer _____ City _____ Work # _____

Driver License # _____ Email _____

FATHER'S INFORMATION

Last Name _____ First Name _____ MI _____

Home Address _____ City _____ Zip _____

Home # _____ Cell # _____ Cell Phone Provider _____

Employer _____ City _____ Work # _____

Driver License # _____ Email _____

Parents are: ___ Married, ___ Living Together, ___ Divorced, ___ Separated, ___ Widowed, ___ Single

1st CHILD'S INFORMATION

Last Name _____ First Name _____ MI ___ Boy Girl

Date of Birth _____ Start Date _____

Classroom _____ Program _____ Days per week 5 3 2

Lunch: Regular Vegetarian or From home

Allergies or other important information _____

2nd CHILD'S INFORMATION

Last Name _____ First Name _____ MI ___ Boy Girl

Date of Birth _____ Start Date _____

Classroom _____ Program _____ Days per week 5 3 2

Lunch: Regular Vegetarian or From home

Allergies or other important information _____

Did someone refer you? Yes No If yes, who? _____

EMERGENCY CONTACTS (OTHER THAN PARENTS)

1 st Name _____	Phone # _____	Relation to child _____
2 nd Name _____	Phone # _____	Relation to child _____
3 rd Name _____	Phone # _____	Relation to child _____

HEALTH INSURANCE INFORMATION

Name of Child's Health Insurance Carrier _____
Member Name _____ Effective Date _____
Member ID Number _____ Group Number _____

CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child please explain below and attach a copy of appropriate documents (Court Order).

Not Applicable Yes, this situation applies (please explain)

AUTHORIZATION

I UNDERSTAND AND AGREE:

- To the policies and requirements outlined in the "Parents Handbook" including the payment of tuition which is due on the 25th day of the previous month through an electronic fund transfer and the "Information to Parents Statement". Specifically I understand that Full Tuition is due regardless of holidays, snow days, short-term illness, or vacations. School hours are 7:00am – 6:30pm. An additional charge will be assessed if your child remains after closing time (see fee schedule). All returned transactions will be assessed a penalty to cover bookkeeping corrections (see fee schedule).
- In the event that a medical emergency occurs, I authorize Little Treasures Learning Center to seek emergency medical care for my child as deemed necessary by the Director and I authorize such medical service provider to carry out required emergency treatment.
- I understand that if my child has allergies or food sensitivities their name and allergy information will be posted in the classroom.
- I understand and agree that my child will be photographed at the school, that the pictures will be used and/or printed for classroom use and/or displays, and that these pictures may be available to be shared and/or printed amongst other parents at Little Treasures. I hereby grant permission for Little Treasures to photograph my child(ren) and use these pictures for brochures and website purposes.
- My Child has my permission to participate in the rock wall climbing activities once he/she is age eligible for Pre-K program. I understand that the rock wall climbing activities will be for the children age 3-9 years of age. I, the undersigned, waive Little Treasures Learning Center from any claims for injuries to my child while participating in this activity.

Mother's Signature

Father's Signature

Date