Little Eagle Daycare

Parent/Guardian Information

Registration 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)

Email: _____

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)

Email: _____

Emergency Contacts & Authorized Pickup Persons:

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

Relationship to the Child: _____

[ ] 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: _____

[ ] Able to pick up all children in the family

[ ] Not able to pick up the following children:_____

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: _____Health Insurance Co and Policy #:_____

(Please Note: School is peanut and tree nut free environment)

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____

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

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: _____Health Insurance Co and Policy #: _____

(Please Note: School is peanut and tree nut free environment)

Pediatrician's Name: _____ Phone: ( ) _____

Address: _____

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

My typical hours are:

Monday _____ am/pm to _____ am/pm

Tuesday _____ am/pm to _____ am/pm

Wednesday _____ am/pm to _____ am/pm

Thursday _____ am/pm to _____ am/pm

Friday _____ am/pm to _____ am/pm

Average Weekly Hours: _____

Tuition / Payment Information:

Current Tuition Amount: _____ [ ] Weekly due every Monday [ ] Monthly due first Monday of every Month (based on 4 or 5 Mondays per Month)

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.

_____

_____

Signature:

Parent's Signature: _____ Date: _____

Thank You!