



## 2012-2013 TODDLER REGISTRATION FORM

<b>OFFICE USE ONLY</b>	
<b>\$100 NON-REFUNDABLE Registration Fee</b>	
Date Received: _____	
Registration Fee Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Received: _____	Check #: _____
Amount Due: _____	
Days Chosen: (circle) MON TUE WED THUR FRI	
Class/Teacher: _____	
MALE OR FEMALE (circle)	

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_      Mother's Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_      Father's Cell Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Physician: \_\_\_\_\_      Phone Number of Physician: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Has your child ever had a fever-induced seizure? If so, please explain. \_\_\_\_\_

Relative or close friend in case of emergency: \_\_\_\_\_      Phone Number: \_\_\_\_\_

Please list any information or special instructions that you feel would be helpful to us regarding your child:

**A \$100 NON-REFUNDABLE registration fee must accompany this form to secure a spot for your child.  
An updated immunization form must be presented by the first day of school.**