



LITTLE TREASURES
LEARNING CENTER

REGISTRATION FORM

MOTHER'S INFORMATION

Last Name _____ First Name _____ MI _____
 Home Address _____ City _____ Zip _____
 Home # _____ Cell # _____ Work # _____
 Employer _____ City _____ Email _____
 Driver License # _____ SS # _____

FATHER'S INFORMATION

Last Name _____ First Name _____ MI _____
 Home Address _____ City _____ Zip _____
 Home # _____ Cell # _____ Work # _____
 Employer _____ City _____ Email _____
 Driver License # _____ SS # _____

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 _____

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 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.

Mother’s Signature

Father’s Signature

Date