

Pumpkin Patch Childcare & Learning Center, Inc.

Registration Form

Child Information		Complete all blanks. Enter N/A if the requested information doesn't exist.			
Child's Name		Address		Date of Birth	
Days Attending: M T W Th F	Arrival Time	Departure Time	Start Date	Phone Number	

Parent 1 Information			
Name		Address	
Home Phone	Cell Phone	Work Phone	Email
Employer			

Parent 2 Information			
Name		Address	
Home Phone	Cell Phone	Work Phone	Email
Employer			

Alternative Authorized Pick-Up		You are required to list 2 people.	
Name		Address	
Home Phone	Cell Phone	Work Phone	
Name		Address	
Home Phone	Cell Phone	Work Phone	
Name		Address	
Home Phone	Cell Phone	Work Phone	

(Over)

Emergency Information			REQUIRED. Emergency Contacts can be same as Alternative Pick-Up, but they can't be parents.		
Emergency Contact 1			Address		
Home Phone	Cell Phone		Work Phone		
Emergency Contact 2			Address		
Home Phone	Cell Phone		Work Phone		
Physician's Name			Physician's Phone Number		
Physician's Address			Hospital		
Dentist's Name			Dentist's Phone Number		
Dentist's Address			Dental Clinic		

Full information is required for physician and dentist.

By signing below, I agree to the following statements:

- I understand it is my responsibility to ensure that my child care fees are paid in full (including child care assistance co-pays).
- If I receive child care assistance, I understand that it is my responsibility to keep my case active.
- I have received a copy of and read the Pumpkin Patch Parent Handbook and am aware of the terms and conditions of enrollment and of center policies.
- If I have an infant enrolled, I have received and read the information in the Pumpkin Patch Enrollment Folder on SUIDS.

(Legal Parent/Guardian Signature)

(date)