

**YOUNG LEARNER'S WORLD
PRE-SCHOOL & DAY CARE CENTER
Registration Application**

(please print)

Date of Application _____

Date of Admission _____

It is important for us to know how you learned of our Center. Please check the source of your information regarding the Center. Thank you.

- | | |
|---|--|
| <input type="checkbox"/> Phone Book Page # | <input type="checkbox"/> Title XX _____ |
| <input type="checkbox"/> Driving Past | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Childcare Clearing House | <input type="checkbox"/> Other, please specify _____ |

Child Information

- | | | |
|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Infant | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> Toddler | <input type="checkbox"/> School Age | <input type="checkbox"/> Preschool Program |
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> Summer only | <input type="checkbox"/> Part-time: _____ days per week |

Name of child	Date of birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address/City/Zip		
Name preferred for child	I give permission to have child's picture taken. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent's Marital Status (If divorced or separated, state custody arrangements. Please provide the center with necessary court documents to keep on file.)		

Parent/Guardian Information

Mother's name	Social Security #	Phone #	Cell #
Address/City/Zip			
Mother's employer	Phone		
Address/City/Zip			
Father's name	Social Security #	Phone	
Address/City/Zip			
Father's employer	Phone		
Address/City/Zip			
Additional Contacts (Closest Relation, Grandparents, Aunts, Uncles ect.):	Phone		
Address/City/Zip			

Is there anything else which you could tell us about your child which would aid his/her teacher in understanding how he/she thinks and behaves? The more that we know about your child, the better the environment we can create. **ALL INFORMATION IS CONFIDENTIAL.** Thank you.

Has your child attended another childcare center? Yes No If so where and when?

Emergency Contacts

Name	Relationship	Phone
Address/City/Zip		

Name	Relationship	Phone
Address/City/Zip		

Please list names of persons authorized to pick up child: _____

Please list names of persons **NOT** authorized to pick up child: _____

****Under no circumstances will the child be released to anyone not known to the Center without prior authorization from the parents or guardian. Copies of photo ID will be required on file of all persons authorized to pick up the child, including parents or guardian.**

With the understanding that all possible precautions are taken, I release the Center and staff from all responsibilities for accidents and any complications thereof incurred while my child or children are participating in the activities of the Center.

Weekly Tuiton fees are due on or before Monday of each enrolled week. Late charges of \$10 per week are due on any unpaid fees. Late pick-up fees are due the following day should you be unable make arrangements to have your child departed from the center prior to our scheduled closing for that day

All accounts that are 30 days past due will be charged a 1.5% service fee per month. The parent/guardian is also liable for all legal and collection fees.

I understand that I am a responsible party for the child on this application and the account with Young Learner's World.

******Two signatures are required and all relevant information for each person must be on this application.**

Signature

Date

Signature

Date

*****Due to state regulations and in the event of an emergency, it is CRUCIAL to keep ALL information on this application current. IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO INFORM THE DIRECTOR OF ANY CHANGES IN WRITING AND TO UPDATE ALL INFORMATION ANNUALLY**

Office use only _____

