



<b>Family Information</b>		
Family Name-parent(s) last name(s):		
Membership starting date- today or 1 <sup>st</sup> day of care:	/	/

<b>Parent Address Information</b>		
<u>Parent #1</u> Name:	<u>Parent #2</u> Name:	<u>Parent #3</u> Name:
Address:	Address:	Address:
City/State/Zip:	City/State/Zip:	City/State/Zip:
Phone (Home) (    )    -	Phone (Home) (    )    -	Phone (Home) (    )    -
Phone (Work) (    )    -	Phone (Work) (    )    -	Phone (Work) (    )    -
Phone (Cell) (    )    -	Phone (Cell) (    )    -	Phone (Cell) (    )    -
Email:	Email:	Email:

<b>Child/Children Information</b>	
<u>Child #1</u>	<u>Child #2</u>
Full Name:	Full Name:
Date of Birth:        /        /	Date of Birth:        /        /
Starting Classroom:	Starting Classroom:
Starting Date:        /        /	Starting Date:        /        /
<b>Emergency Information</b>	
<b>People with Authorized Pickup</b>	
Name:                      Phone: (    )    -	Name:                      Phone: (    )    -
Address:	Address:
<b>Emergency Contact</b>	<b>Out of State Contact</b>
Name:                      Phone: (    )    -	Name:                      Phone: (    )    -
Address:	Address:
<b>Child's Physician</b>	<b>Child's Dentist</b>
Name:                      Phone: (    )    -	Name:                      Phone: (    )    -
Address:	Address: