



Registration Application

Date: _____

Child's Full Name: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Name: _____ Father's Name: _____

Do both parents reside together? If not, please provide alternative address:

Do both parents have unrestricted access to the child? If not, please explain:

Mother's Work Information: _____ Social Security #: _____

Occupation: _____ Work Hours: _____

Company Name and Address: _____

Company Main #: _____ Direct Line: _____

Cell Phone #: _____

Father's Work Information: _____ Social Security #: _____

Occupation: _____ Work Hours: _____

Company Name and Address: _____

Company Main #: _____ Direct Line: _____

Cell Phone #: _____

Alternate Person to Contact in Case of Emergency: _____

Address: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Physician/Pediatric Group:

Address:

Telephone #: _____ Fax #: _____

Child's General Health:

Daily Restrictions:

Allergies:

Child's Primary Language:

Please describe your child's previous childcare arrangement, if any:

Is your child toilet trained? _____

Siblings and Ages: _____

Comments to help us know your child better:

No application will be accepted unless accompanied by a \$25.00 non-refundable Registration fee and a non-refundable one (1) week deposit.

Should you wish to withdraw your child from our program, two (2) weeks written notice must be submitted to the center Director/Owner.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

New Wonders Learning Center, Inc