



Registration Form

Date of Application _____ Date of Birth _____

Child's Name _____

Address _____

Parent's Name _____ Parent's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Email address _____ Email Address _____

Parent's Occupation _____ Parent's Occupation _____

Place of Business _____ Place of Business _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Persons authorized to pick up child and/or contact in case of emergency if neither parent is available

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Child's Doctor _____ Phone _____

Please list any siblings of child with age _____

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 and attach a copy of appropriate documents. (Court Order)

In the event that a medical emergency occurs I authorize Pilsbury School LLC to seek emergency medical care for my child as deemed necessary by the Director.

Signature _____ Date _____

I have received the Information to Parents Statement:

Signature _____ Date _____

I give permission for (child's name) _____ to go on teacher supervised neighborhood walks.

Signature _____ Date _____

Allergies

No _____ Yes (please list) _____

_____ Epi-pen? No _____ Yes _____

School Schedule - Please check days wanted

Mon. _____ Tue. _____ Wed _____ Thur. _____ Fri. _____

Circle one: Half Day 8:30-12 noon Half Day with Lunch 8:30-1:00 Full Day 8:30-2:30

Non-refundable registration fee - \$50.

Center Use Only:

Date of enrollment _____

Date of enrollment conference _____

Date if withdrawal _____