

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

FAMILY REGISTRATION FORM

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

4th Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Last 4 Digits of SS# _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Last 4 Digits of SS# _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Last 4 Digits of SS# _____

Able to pick up all children in the family

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Last 4 Digits of SS# _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Tuition / Payment Information:

Current Tuition Amount: _____ Weekly

Acknowledgments

Please initial the following statements indicating your understanding and acceptance of them.

- _____ I have read the Dayspring General Information & Operating Policy and agree to abide by the provisions disclosed as written. In addition, I agree to abide by the provisions when this document is modified from time to time, provided that the current version is available on the Dayspring website.
- _____ I understand that tuition for my child is paid weekly on the Friday before the week of service and that Dayspring does not prorate fees. I agree to pay the current weekly tuition for each week or part of a week that my child attends.
- _____ I understand that payment of both the registration fee and the first week’s tuition are required to hold a spot for my child. When my child begins as scheduled, Dayspring will apply the tuition I’ve paid to that first week of care. Further, I understand that these fees are non-refundable and that I should NOT pay them until I am certain that this is the place for my child.
- _____ I understand that I must provide two weeks written notice upon terminating child care services with Dayspring. In lieu of providing two weeks written notice, I agree to pay 2 week’s tuition.
- _____ I understand that Dayspring will take and use photographs of my child / children on the Dayspring website, parent newsletter and in local advertising. I understand that Dayspring will never use the last name of my child / children along with photos. If I DO NOT want my child’s photograph taken or used in such a manner, I will provide written notice to that affect now, or at such time as I decide I do not want my child’s photograph used.
- _____ I understand that no toys or food should be brought from home to the classroom. Exceptions may be approved in advance by the teacher and a member of the leadership team for such things as birthday parties or other special events.
- _____ I understand that Dayspring Child Care, Inc. accepts only checks in payment of tuition and other services. I acknowledge that when and if I choose to use a check as a method of payment, it may be converted to electronic fund transfer or paper draft and that this is a condition of acceptance of checks as a payment method by Dayspring. I hereby authorize Dayspring to convert each check that I write to an Electronic Funds Transfer or paper draft, and to debit my account for the amount of the transaction. In the event that my draft or EFT is returned unpaid, I agree that a fee of \$35.00 may be charged to my account via draft or EFT.

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent’s Signature: _____ Date: _____

Thank You!