



EARLY LEARNING CENTER PRE-REGISTRATION

Child's Full Name: _____ M F Birth Date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Nickname: _____ Is your child potty trained? Y N Is your child walking? Y N

Mother's/ Guardian Full Name: _____ Home Phone: _____

Address: _____

Occupation: _____ Work Phone: _____

Name of Employer: _____ Cell Phone: _____

Business Address: _____

Work Days/Hours: _____ Driver's License #: _____

Father's/ Guardian Full Name: _____ Home Phone: _____

Address (If different then above): _____

Occupation: _____ Work Phone: _____

Name of Employer: _____ Cell Phone: _____

Business Address: _____

Work Days/Hours: _____ Driver's License #: _____

Parents are: ___ Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single

Does your child have any other siblings registered in the center?

Name _____ Age _____

Name _____ Age _____

Are your children currently enrolled in another childcare facility? Is so, where?

Registration Fee of _\$ _____ due at time of pre-registering to reserve spot.

Signature

Date