

# SuperKids Christian DayCare/PreSchool

## Parent/Guardian Information

Registration Date: \_\_\_\_\_

### **Parent /Guardian 1**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed

Other \_\_\_\_\_

Relationship to Child:  Mother  Father  Grandparent  Foster Parent

Other \_\_\_\_\_

Mark All that Apply:  Child Lives With  Emergency Contact  Authorized Pickup

Is there is other information you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Parent /Guardian 2**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed

Other \_\_\_\_\_

Relationship to Child:  Mother  Father  Grandparent  Foster Parent

Other \_\_\_\_\_

Mark All that Apply:  Child Lives With  Emergency Contact  Authorized Pickup

Is there is other information you would like us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child Information**

**1<sup>st</sup> 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?  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Days Attending \_\_\_\_\_

Hours Attending \_\_\_\_\_

Photographs: May we maintain a photo of your child for security purposes? [ ] Yes [ ] No

**2<sup>nd</sup> 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?  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Days Attending \_\_\_\_\_

Hours Attending \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

**1<sup>st</sup> Contact/Pick Up**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Emergency Contact

Authorized to pick up the following children: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Emergency Contact

Authorized to pick up the following children: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Emergency Contact

Authorized to pick up the following children: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Emergency Contact

Authorized to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

To ensure a place for your child submit this form with a \$50.00 NON REFUNDABLE registration fee and the first and last month's tuition. All necessary paperwork must be submitted before your child can start the program.

Current Tuition Amount: \_\_\_\_\_ [ ] Monthly [ ] Year\_\_\_\_\_

Who is responsible for payment of tuition and fees? Please indicate if parents are divorced and split tuition payment or if payment is the responsibility of an adult other than the parents/guardians listed above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Comments & Information:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_