

**I Am! I Can! Inc.**

**Registration Form** \_\_\_\_\_

**Date:** \_\_\_\_\_

Reg. Fee \$ \_\_\_\_\_ Child's Name \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age at registration: \_\_\_\_\_ Sex: \_\_\_\_\_

Home phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Hours at Work \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Hours at Work \_\_\_\_\_

Please indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices. Spaces are filled upon date of registration.

**Pre-school**

3 pre-school days Mon-Weds-Fri a.m. \_\_\_\_\_ 3pre-school days Mon-Tues-Thurs a.m. \_\_\_\_\_

2 pre-school days Tues-Thurs a.m. \_\_\_\_\_ 2 pre-school Weds-Fri a.m. \_\_\_\_\_ 2 pre Tues-Thurs p.m. \_\_\_\_\_

**Daycare** (please indicate days Mon-Tues-Weds-Thurs-Fri)

2 full days a week \_\_\_\_\_ 3 full days a week \_\_\_\_\_

4 full days a week \_\_\_\_\_ 5 full days a week \_\_\_\_\_

Other, specify \_\_\_\_\_

**In case of emergency call: (other than Mom & Dad)**

1) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Person other than parent to whom child may be released:**

1) Name \_\_\_\_\_ Address \_\_\_\_\_ Ph# \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_ Ph# \_\_\_\_\_

In an emergency I Am! I Can! will call 911 to transfer child for medical care if deemed necessary. By signing below I give permission for my child to be treated by the emergency room staff.

Child's Dr.: \_\_\_\_\_ Phone# \_\_\_\_\_

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

I understand that tuition is paid by the month for pre-school and by the week for daycare. Fees that I am responsible for are: registration fee, & monthly tuition for pre-school or weekly for daycare. (All fees are non-refundable).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child to have sun block and mosquito spray applied; if deemed necessary.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Mom

Cell phone: \_\_\_\_\_ Dad

Allergies/Special needs

1. \_\_\_\_\_

2. \_\_\_\_\_