

Imagination Station Early Learning Center Registration Form

Child's Name: _____ Gender: _____ D.O.B. _____

Mother

Name: _____

Address (Home): _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Phone: _____ Address: _____

E-mail address: _____

Father

Name: _____

Address (Home): _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Phone: _____ Address: _____

E-mail address: _____

Child's Doctor

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

In case of an emergency, may we contact your child's doctor? YES or NO

Parent Signature: _____ Date: _____

Program
(Please circle one)

Infant Toddler Pre-School ³/₄ Pre-School 4/5 Before/After

Day's per week needed for childcare? _____

Care will normally begin at _____ o'clock
Care will normally end at _____ o'clock

Child's age at request start date: _____

Special Requests:

Office Use Only:

Registration Fee: \$75.00 4 Digit Entrance Code: _____

Cash/Check: _____

Start Date: _____ Staff Initials: _____

DHS or Self Pay _____ Certificate #: _____

Comments:
