HOPE CHILD DEVELOPMENT CENTER
REGISTRATION FORM

This form is for the purpose of registering your child in the Hope Child Development Center.

Child's Name		Date of Birth / /	
Child's Address			
Mother's Name		Father's Name	
Mother's Address		Father's Address	
Phone (H)	Phone (C)	Phone (H)	Phone (C)
Best contact method/number during the day		Best contact method/number during the day	
Mother's Employer		Father's Employer	
Employer's Address		Employer's Address	
Phone (W)		Phone (W)	
Profession		Profession	

Family Structure (check all that applies)

____Bio parents married ____Bio parents divorced/separated ____Bio mother ____Bio father

____Adoptive parents ____ Pre-Adoptive parents ____Foster Parent(s) ____Step parent(s)

____Grandparent(s) ____ Guardian ____Other_____

ENROLLMENT INFORMATION (Check ALL that applies)

Age Group: _____Infant (6 wks – 2ys) ____Toddler(2-3yrs)	Care Level: _____Full Time _____Part Time
_____Preschool (3-5yrs) _____School Age(5-12yrs)	SCHOOL AGE ONLY: _____Before/After School _____Summer _____Drop In Care

Care Schedule: Please Indicate the days your child will attend and your typical drop off and pick up schedule

M _____to_____	T _____to_____	W _____to_____	TH _____to_____	F _____to_____

Previous Childcare Setting (Please indicate where or who cared for your child prior to enrolling at Hope CDC)

Reason For Selecting Hope CDC as your Provider:

Signature of Parent or Guardian _____ **Date** _____

Updated January 2015