



## Registration Form

Child's Name \_\_\_\_\_

Registering \_\_\_\_\_ Tuesday and Thursday (\$200/month)

D.O.B. \_\_\_\_\_ Age as of Sept 30<sup>th</sup> \_\_\_\_\_

Address \_\_\_\_\_

Male/Female \_\_\_\_\_ Fully Potty trained? \_\_\_\_\_

Health Restrictions:

Foods allergies: \_\_\_\_\_

Health: \_\_\_\_\_

Special Needs (such as physical, emotional, or delayed development): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell# \_\_\_\_\_

Father's Name \_\_\_\_\_

Cell# \_\_\_\_\_

Parent email address \_\_\_\_\_

Person other than parent to be contacted in case of illness or emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Other Children in the Family:

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

\*Please return this form along with a  
One time registration/supply fee of \$75.00.

Please make check payable to FBCSF.

Hours:

8:30 – 9:00 (Drop off)

9:00 – 2:00 (Circle time, free play, crafts, lunch, nap, etc.)

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

