



# Little Red Caboose Registration Form

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Registration Child's Name \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth Child's Address \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

## Parent or Guardian Information

_____ Mother's Name	_____ Mother's DL #	_____ Mother's Work Phone	_____ Mother's Cell Phone	_____ Cell Phone Carrier
_____ Mother's Home Address	_____ City	_____ Zip	_____ Mother's Employer	
_____ Father's Name	_____ Father's DL #	_____ Father's Work Phone	_____ Father's Cell Phone	_____ Cell Phone Carrier
_____ Father's Home Address	_____ City	_____ Zip	_____ Father's Employer	
_____ Mother's Email:		_____ Father's Email:		

## Authorized Adults

*In the event of an emergency, please indicate who (other than parents) should be contacted.*

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

## Pick-Up

*List the persons who have permission to pick up your child.*

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Person(s) who may NOT pick up your child: \_\_\_\_\_

## Personal History

Has child previously attended a Day Care Center?  Y  N If yes, which center: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Please list any special needs that you child may have. This includes allergy, existing illness, serious illness and injuries, hospitalizations during the past twelve months, and any medication prescribed for long term continuous use.

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

I give permission for Little Red Caboose to transport my child by bus or car for field trips, emergency evacuations, and if my child is participating in the school pick-up program.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission for my child to participate in the swimming program offered at Little Red Caboose. I understand that children must be potty trained and at least 3 years old to participate.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that a registration fee of \$\_\_\_\_\_ should accompany this application to reserve my child's place. This fee is due on an annual basis and is NOT refundable. Tuition is DUE in ADVANCE. I have received, read and understand the above agreement and the parent's handbook.

\_\_\_\_\_  
Director's Approval \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_