



Date: _____

Childs Name: First _____ Last _____

Preferred Nickname: _____

Gender: Male Female Birth Date: _____

Address: _____

Email Address: _____

In Case of Emergency call: _____

Mother's name: _____

Father's Name: _____

Person dropping off child: _____

Relationship to child: _____ Member PG? yes no

Person picking up child: _____

Relationship to child: _____ Member PG? yes no

For office staff

Fees: \$100 5 day week or \$25 per day

Fee Collected: _____

Date: _____ per (initials) _____