



PRE-REGISTRATION FORM

CHILD'S FULL NAME: _____

CHILD'S DOB: _____

CHILD LIVES WITH (Name): _____

CHILD'S HOME ADDRESS: _____

DATE OF ADMISSION: _____

MOM'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DOB: _____

LAST FOUR OF SOCIAL: _____

EMAIL: _____

DAD'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DOB: _____

LAST FOUR OF SOCIAL: _____

EMAIL: _____

EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATION TO CHILD: _____

OTHER PICK-UP PERSONS:

NAME: _____

PHONE NUMBER: _____

RELATION TO CHILD: _____

NAME: _____

PHONE NUMBER: _____

RELATION TO CHILD: _____

NAME: _____

PHONE NUMBER: _____

RELATION TO CHILD: _____

CHILD'S MEDICAL INFORMATION:

ANY ALLERGIES? _____ IF SO, TO WHAT? _____

ANY MEDICAL PROBLEMS? _____ IF SO, WHAT? _____

CHILD'S DOCTOR'S NAME: _____ CITY, STATE: _____

IF CHILD IS SCHOOL AGE:

NAME OF CHILD'S SCHOOL WHICH HE/SHE IS ENROLLED: _____

FINANCIAL INFORMATION: (WE DRAFT TUITION EACH MONDAY FOR THE FOLLOWING WEEKS' SERVICE)

BANK NAME: _____

BANK ROUTING: _____

BANK ACCOUNT #: _____

CREDIT OR DEBIT CARD #: _____

EXPIRATION DATE: ____/____/____

CVV: _____

DO YOU GET FOOD STAMPS? _____ YES _____ NO

IF YES, WHAT IS YOUR FOOD STAMP EDG NUMBER? _____

(We need this information for our federal food program)

WOULD YOU LIKE TO PURCHASE A NAPMAT FOR \$35.00 NEW OR \$20.00 USED?

_____ NEW _____ USED

WOULD YOU LIKE TO PURCHASE A NEW PILLOW AND CASE FOR \$10.00: _____ YES _____ NO

WILL YOU BE A _____ MONTHLY OR _____ WEEKLY PAYER?

IS YOUR CHILD ATTENDING FULL TIME? _____ YES _____ NO

IF NOT, WHAT DAYS WILL CHILD ATTEND: ____ MON ____ TUES ____ WED ____ THURS ____ FRIDAY

NOTES: _____
