



FCDC

family child development center

Registration Form

Child's Full Name: _____ Nickname: _____

Gender: Male Female (Please Circle) Date of Birth: _____

Parent/Guardian 1

Parent/Guardian 2

Name: _____	Name: _____
Address: _____	Address: _____
City & Zip: _____	City & Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Working Hours: _____	Working Hours: _____
E-Mail address: _____	E-Mail address: _____

Parents are: Married/Partnered Separated Divorced Other: _____

Child's permanent address is with: Parent/Guardian 1 Parent/Guardian 2 Both

Responsible Billing Party: Parent/Guardian 1 Parent/Guardian 2 Both

If separated, divorced, or foster parents, who has legal custody? _____ Physical custody? _____

How did you hear about Family Child Development Center? _____

Please check the age group and complete the attendance schedule for your child below (use a separate registration form for each child registered):

<input type="checkbox"/> Infant 1 (ages 6 weeks to 9 months)	<input type="checkbox"/> Infant 2 (ages 9 months to 16 months)
<input type="checkbox"/> Toddler 1 (ages 16 months-26 months)	<input type="checkbox"/> Toddler 2 (ages 26 months to 36 months)
<input type="checkbox"/> Preschool 1 (ages 3-4 years)	<input type="checkbox"/> Preschool 2 (4 years to Kindergarten age)

Anticipated Start Date: _____ Days of attendance each week: _____

Affirmative Action Statement: Family Child Development Center admits students of any race, color, gender, national or ethnic origin to all rights privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, gender, color national and or ethnic origin in administration of its educational policies, admission policies, and other school administered programs. Family Child Development Center is an equal opportunity employer.

For Office Use only:

Registration fee _____ Check # _____ Start Date _____ Date Received _____

Classroom Assignment _____ Days per Week _____ Pre-paid tuition _____ Check # _____