



## STOREYTIME INFANT CARE AND TODDLER 2019-2020

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street name Town Zip

Parent 1/Guardian name: \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parent 2/Guardian name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_

### Persons to contact if parents cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_ number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ number \_\_\_\_\_

### Persons living in the home with the child (if sibling list age)

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

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

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

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

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

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

**Medical**

Name of Physician \_\_\_\_\_ phone number \_\_\_\_\_

Name of Dentist \_\_\_\_\_ phone number \_\_\_\_\_

Does your child have any allergies (if yes please list) \_\_\_\_\_

\_\_\_\_\_

Please list any other medical concerns that staff should be aware of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Program choice:**

- ☐ Infant Care (7:30-5:30)      Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_
- ☐ Toddler Care (7:30-5:30)      Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_

There is a non-refundable \$50 registration fee to hold your child's spot

Childcare Total    \$ \_\_\_\_\_

I \_\_\_\_\_ have received a copy of the parent handbook and understand the contents. I agree to the childcare fee and agree to pay the full amount on the first of each month (weekly or biweekly payments can be set up if needed). If payment is not received within two weeks I understand that this is reason for dismissal. I understand that the childcare is a 12-month program. If I leave the program I will give a one months' notice. Date: \_\_\_\_\_