



## STOREYTIME LEARNING CENTER AND AFTERCARE 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:

- |  |           |            |           |           |           |
|--|-----------|------------|-----------|-----------|-----------|
| <input type="radio"/> Preschool Days           | Mon _____ | Tues _____ | Wed _____ | Thu _____ | Fri _____ |
| <input type="radio"/> Extended day (8-9 am)    | Mon _____ | Tues _____ | Wed _____ | Thu _____ | Fri _____ |
| <input type="radio"/> Lunch (12-1:30)          | Mon _____ | Tues _____ | Wed _____ | Thu _____ | Fri _____ |
| <input type="radio"/> Lunch and Rest 12-3:15)  | Mon _____ | Tues _____ | Wed _____ | Thu _____ | Fri _____ |
| <input type="radio"/> Extended day (12-5:30pm) | Mon _____ | Tues _____ | Wed _____ | Thu _____ | Fri _____ |

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

Tuition Total \$ \_\_\_\_\_

I \_\_\_\_\_ have received a copy of the parent handbook and understand the contents. I agree to the tuition and agree to pay the full amount on the first of each month. If payment is not received within two weeks I understand that this is reason for dismissal. I understand that tuition is based on a ten month program and I am responsible for the set amount each month. If I leave the program I will give a one months' notice. Date: \_\_\_\_\_