(Please type/print using black/blue ink)

MILESTONES EARLY CHILDHOOD REGISTRATION FORM

Child's Name: _____ Age: _____ Sex: _____ Date of Birth: _____

Street Address: _____ Child Resides With: _____

City/Zip: _____ Requested Starting Date: _____ Application Date: _____

Parent/Guardian: _____

Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Employer and Address during hours of program operation

Name: _____

Address: _____

City/Zip: _____

Day Time Phone: _____ Occupation: _____

Parent/Guardian: _____

Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail:

Employer and Address during hours of program operation

Name: _____

Address: _____

City/Zip: _____

Day Time Phone: Occupation:

Family Status
(check one)

- ❒ Married
- ❒ Separated
- ❒ Divorced
- ❒ Single
- ❒ Widowed
- ❒ _____

Physician or Medical Facility:

Name: _____

Address: _____

City/Zip: _____ Phone: _____

In addition to parents, persons authorized to pick up child/indicate if NONE

Name: _____

Address: _____

City/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Relationship to Child: _____

Emergency contact: (A person who can be notified during program hours when you are unavailable and who lives/works within 20 miles of the program.)

Name: _____

Address: _____

City/Zip: _____

Phone Numbers:
Home:_____ Work:_____ Cell:_____

Relationship to child: _____

Name: _____

Address: _____

City/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Relationship to Child: _____

I give permission for my child to be photographed for educational/news publicity purposes ❒ Yes ❒ No

Billing Preference:
❒ 4 weeks/in advance ❒ 2 weeks/in advance ❒ credit card/4 weeks

Signature of Parent/Guardian **Date**

FOR OFFICE USE ONLY

Processing Fee: _____ Acceptance: _____ Wait List Letter: _____ Cancel Date: _____ First Date of Attendance: _____