

Tenderhearts Learning Center

Registration Form

Child's Name: _____ Phone #: _____

Date of Birth: _____ Gender: _____

Parent's Name: _____

Mother

Father

Driver's License #: _____

Mother

Father

Home Address: _____

City: _____ State: _____

Parent's Address (if different): _____

Days and times child will be in attendance: M ____ T ____ W ____ TH ____ F ____

Full Time _____ Part Time _____ Hours _____ to _____

Are you currently using a child care center or home care? Yes ____ No ____

Has your child ever attended a day care center? Yes ____ No ____

Please list name of center: _____

Does your child require any special needs? _____

When will you need our services to begin? _____

I understand that I am required to pay a \$75.00 registration fee before a spot will be held for my child.

Parent Signature

Date
