

**New Life Christian Daycare  
Registration Form 2015**

**Please check age level:**

\_\_\_\_\_ Infants    \_\_\_\_\_ K1    \_\_\_\_\_ K2    \_\_\_\_\_ K3    \_\_\_\_\_ K4/K5  
\_\_\_\_\_ After-School    \_\_\_\_\_ "Sonshine" Summer Program

**Expected Start Date:** \_\_\_\_\_

**Basic Information:**

**Child's Name:** \_\_\_\_\_

**Gender (M/F):** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

**Parents:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
  Street or P.O. Box    City    Zip Code

**Are you a church member of New Life Christian Fellowship?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Telephone Numbers:**

- Mother's Business: \_\_\_\_\_
- Father's Business: \_\_\_\_\_
- Mother's Cell: \_\_\_\_\_
- Father's Cell: \_\_\_\_\_

**Emergency Information:**

If you cannot be reached by telephone, please list the names of two other people who may assume responsibility for you child in case of an emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Name of Child's Doctor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

If someone other than yourself may pick up your child from school, please list his/her name and telephone number below:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please list any medical information:**

\_\_\_\_\_ Glasses \_\_\_\_\_ Allergies (food, drugs, or other substances)

\_\_\_\_\_ Hearing difficulties \_\_\_\_\_ Any physical limitations

\_\_\_\_\_ Speech difficulties \_\_\_\_\_ Taking any medications on a daily basis

\_\_\_\_\_ Other (please list below):

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**Possible Drop Off and Pick Up Times:**

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_

**About Your Child:**

Has your child ever participated in a daycare or preschool program? Yes \_\_\_ No \_\_\_

Was it a positive experience? Yes \_\_\_ No \_\_\_

I give permission for my child to receive medical treatment if necessary:

Yes \_\_\_ No \_\_\_

I give my child permission to attend field trips: Yes \_\_\_ No \_\_\_

I give my child permission to be photographed and his or her photograph may be uploaded to NLCD's website and/or NLCD's Facebook page: Yes \_\_\_ No \_\_\_

Do you have specific goals or expectations for your child's experience with us at NLCD?

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**Parent Contract**

- I have read, understood, and agree with the policies listed in the parent handbook.
- I understand that failure to pay tuition according to the payment policy will result in my child's immediate dismissal from the center. Additionally, my account information will be forwarded to collections authorities.
- All information provided above to NLCD is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Mother or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father or Guardian's Signature

\_\_\_\_\_  
Date