Scribbles
Center for Learning, Inc.
www.ScribblesCenterForLearning.com
info@ScribblesCenterForLearning.com
1415 Woodbine Road, Bloomington, IL 61704
p: 309.665.0000, f: 309.665.0011

Before and After School Program
Registration Form

Guardian #1	**Guardian #2**
Name Mr./Mrs./Miss/Ms./Dr. (please circle one) _____ _____ Last First Home Address _____ Street _____ City State Zip Home # (_____)_____ Cell # (_____)_____ Work # (_____)_____ E-Mail _____ Business Name _____ Occupation _____	Name Mr./Mrs./Miss/Ms./Dr. (please circle one) _____ _____ Last First Home Address _____ Street _____ City State Zip Home # (_____)_____ Cell # (_____)_____ Work # (_____)_____ E-Mail _____ Business Name _____ Occupation _____

Marital status of parents: Married Separated Divorced Widowed Never Married
Are both parents authorized to pick-up? Yes No*
**If no, Scribbles, Inc. must have a copy of the court order on file at time of enrollment*

Child(ren) Information

Name _____ _____ Last First Birthday _____ Grade_____ Start Date _____ Girl/Boy _____ School: _____ Program (Check One) ☐ Before school care only ☐ After school care only ☐ Before and after school care	Name _____ _____ Last First Birthday _____ Grade_____ Start Date _____ Girl/Boy _____ School: _____ Program (Check One) ☐ Before school care only ☐ After school care only ☐ Before and after school care

- ✓ An application fee of $25 per child or $40 per family is due with application. All application fees are non-refundable.

.

Parent/Guardian Signature _____ Date: _____

OFFICE USE ONLY

Date Application Received: _____
Registration Fee Received: _____
Contacted for enrollment: _____ Accepted: Yes No (explanation) _____