

# Registration Form

Date: \_\_\_\_\_

## 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/Due Date \_\_\_\_\_

Start Date \_\_\_\_\_ Girl/Boy \_\_\_\_\_

Program (Check One)  
 Full Time Care (note hours below)  
 Part Time Care (note hours below)  
 B/A School Care Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Flex Care by Appt. Only

Name \_\_\_\_\_  
 Last First

Birthday/Due Date \_\_\_\_\_

Start Date \_\_\_\_\_ Girl/Boy \_\_\_\_\_

Program (Check One)  
 Full Time Care (note hours below)  
 Part Time Care (note hours below)  
 B/A School Care Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Flex Care by Appt. Only

Name \_\_\_\_\_  
 Last First

Birthday/Due Date \_\_\_\_\_

Start Date \_\_\_\_\_ Girl/Boy \_\_\_\_\_

Program (Check One)  
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 Flex Care by Appt. Only

Name \_\_\_\_\_  
 Last First

Birthday/Due Date \_\_\_\_\_

Start Date \_\_\_\_\_ Girl/Boy \_\_\_\_\_

Program (Check One)  
 Full Time Care (note hours below)  
 Part Time Care (note hours below)  
 B/A School Care Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Flex Care by Appt. Only

## Schedule

Child's Name	Monday	Tuesday	Wednesday	Thursday	Friday

**\*All full time children scheduling more than 40 hours will be billed at \$1.00/hr for every additional hour**

**Additional Information**

- ✓ There is a two hour minimum usage per day and fees are paid at the beginning of the week on Monday or daily if used occasionally.
- ✓ An application fee of \$25 per child or \$40 per family is due with application. All application fees are non-refundable.
- ✓ A two-week deposit is required upon acceptance of enrollment and will be applied towards your last two weeks of tuition provided two weeks written notice is given prior to last day of attendance.

How did you hear about Scribbles Center for Learning, Inc? \_\_\_\_\_

Do you have a skill or hobby you'd like to share if a teaching or center opportunity presents itself? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Entered into Database: \_\_\_\_\_

Application Fee Received: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Classroom: \_\_\_\_\_

Contacted for enrollment: \_\_\_\_\_ Accepted: Yes No\*  
 \*Reason \_\_\_\_\_

Contacted for enrollment: \_\_\_\_\_ Accepted: Yes No\*  
 \*Reason \_\_\_\_\_

Notes: