



Aardvark Childcare & Learning Center

Welcome to our early learning community
We are excited for your family to join our family!

Registration Date: _____

Start Date: _____

Child Information

First Name: _____ M.I. _____ Last Name: _____ Name

child prefers to be called: _____ Date of Birth: _____

Gender: [] Male [] Female Child's S.S. #: _____

Class: (select one) Infant / Young Toddler / Older Toddler / Preschool / Pre-Kindergarten / Pre-K Counts / Summer Camp

Child's Full Address: _____

School District in which you reside: _____

List any existing medical conditions, medication, and/or special attention your child may require:

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Dentist's Name: _____ Phone: () _____

Address: _____

Medical Insurance: _____ Policy #: _____

Name of Insured Parent: _____ Preferred Hospital: _____

Dental Insurance: _____ Policy #: _____

Name of Insured Parent: _____

May we take & maintain photos of your child for yearbooks, bulletin boards, website, etc.? [] Yes [] No

The following information is required by state programs that we participate in, and will in no way affect enrollment, care, or the education your child receives:

Race/Ethnicity (choose all that apply):

[] American Indian or Alaska Native [] Asian [] Black or African American [] Hispanic or Latino

[] Middle Eastern or North African [] Native Hawaiian or Other Pacific Islander [] White

What is the primary language spoken at home? _____

Are there any other languages spoken at home? _____

Mother/Guardian First Name: _____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Occupation: _____ Employed By: _____

Office Phone: () _____ Work Hours: _____

Work Address: _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ Last Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Occupation: _____ Employed By: _____

Office Phone: () _____ Work Hours: _____

Work Address: _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Unauthorized Pickup Persons: Someone who your child may **not** leave with

Name: _____ Reason: _____

If this is a parent, do you have legal documentation to support this? Yes No

Tuition/Payment Information: Tuition is due on or before the 15th of the month prior to care

Tuition will be paid: Monthly Weekly Other: _____

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and there is a split tuition payment, or if tuition payments are the responsibility other than the parents listed above.

Parent Name: _____

Parent Signature: _____ **Date:** _____