



Kiddie Paradise Childcare LLC

**8309 Laura Lane
District Heights, MD 20747**

REGISTRATION

A non-refundable hold fee of \$100.00 due at the time of registration must accompany this form if your child's start date is more than 2 weeks away. This fee will be applied to first week of attendance.

NAME OF CHILD: _____

HOME ADDRESS: _____

CITY AND STATE: _____

AGE _____ **GRADE** _____ **SEX** _____ **START DATE** _____ **HOURS** _____ **FEE** _____

HOME PHONE NUMBER: _____ **DATE OF BIRTH:** _____

MOTHER'S NAME: _____ **WORK PHONE:** _____

MOTHER'S EMPLOYMENT: _____

EMAIL ADDRESS _____

FATHER'S NAME: _____ **WORK PHONE:** _____

FATHER'S EMPLOYMENT: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY PHONE NUMBER: _____

**DOCTOR
NAME:** _____ **PHONE:** _____

PERMISSION TO CONTACT DOCTOR IN AN EMERGENCY? YES NO

PERMISSION SLIP

I hereby give permission for my child _____ to participate in any and all trips, walks, etc., during the day. I understand that changes may occur in the scheduled trips and authorize my child to attend all outings. (some trips are not planned in advance). If I do not choose to have my child participate, I will notify the center in advance and make arrangements for my child's care for the day.

PARENT SIGNATURE: _____ **DATE:** _____