

WHITFIELD REGISTRATION 2015-2016

PAID _____ DATE _____

ROOM ASSIGNMENT _____

CHILD'S NAME _____ BIRTHDATE _____

ADDRESS _____ ZIP _____

MOTHER'S NAME _____

OCCUPATION _____ WORK PHONE _____

FATHER'S NAME _____

OCCUPATION _____ WORK PHONE _____

HOME PHONE _____

EMERGENCY CONTACT & PHONE _____

BROTHERS _____ SISTERS _____

PHYSICIAN _____ PHONE _____

MAY WE CALL PHYSICIAN IF UNABLE TO REACH PARENT _____

CHURCH AFFILLATION _____

ALLERGIES _____

SIGNATURE _____

PLEASE REGISTER MY CHILD FOR THE - 9-1 PROGRAM

3 Days a week -- Mon. Tue. Wed. Thur. Fri.

5 Days a week - Mon. Tue. Wed. Thur. Fri.

PLEASE REGISTER MY CHILD FOR THE - EXTENDED DAY PROGRAM: 7:30 - 4:15

5 Days a week - Mon. Tue. Wed. Thur. Fri.

AFTERCARE PROGRAM: (circle days) Mon. Tue. Wed. Thur. Fri.

If you need additional information please contact Jane Ruud @ 281-2470