

# A Place To Grow New Hope Child Care Center Child Registration Form



Please complete one form for every child you wish to register.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

## Family Contact Information

\_\_\_\_\_  
Mother's (Guardian) Name

\_\_\_\_\_  
Father's (Guardian) Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home number

\_\_\_\_\_  
Home Number

\_\_\_\_\_  
Work/Cell Number

\_\_\_\_\_  
Work/Cell Number

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Church Affiliation

\_\_\_\_\_  
Church Affiliation

When would like care to begin? \_\_\_\_\_

Desired Schedule Full-Time \_\_\_\_\_ Mon., Wed., Fri., \_\_\_\_\_ Tues., Thurs., \_\_\_\_\_  
(Please note that part time slots are limited and may not be available when spaces are open)

How did you hear about A Place To Grow?

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### Registration fees are due at the time of registration.

I understand that completion of this registration form and payment of registration fees do not guarantee a space on the date needed.

Completion of this process places my child on the wait list and a representative of the center will contact me when there is space available.

Once a space is offered I will have 3 business days to make my decision to accept the space or the space will be offered to another family. Should I decline a space; I will be given the option to remain on the list for future space or be removed from the list.

I understand that my placement on the wait list may be subject to priority enrollment policies in the center.

### All registration fees are non-refundable.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Work/ registration & enrollment