

Crayon Campus
Childcare & Learning Center
9715 Lawndale Drive
Baton Rouge, LA 70818

REGISTRATION FORM

NAME _____ SEX _____ BIRTHDAY _____
STREET ADDRESS _____ PHONE _____
CITY _____ STATE _____ ZIP _____
EMAIL ADDRESS _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

MOTHER _____ FATHER _____
OTHER _____ OTHER _____
OTHER _____ OTHER _____

TWO (2) PERSONS TO CALL IN CASE OF EMERGENCY WHEN PARENTS CAN NOT BE REACHED:

NAME _____ PHONE _____
NAME _____ PHONE _____

MOTHER'S INFORMATION

EMPLOYER _____ PHONE _____ CELL _____
DRIVERS LICENSE _____ SOCIAL SECURITY# _____
D.O.B _____

FATHER'S INFORMATION

EMPLOYER _____ PHONE _____ CELL _____
DRIVERS LICENSE _____ SOCIAL SECURITY# _____
D.O.B _____

PREVIOUS CHILDCARE PROVIDER / ADDRESS & PHONE NUMBER

CHILDS PHYSICIAN & PHONE# _____

CHILDS DENTIST & PHONE# _____

SIGNIFICANT PAST ILLNESSES _____

ALLERGIES (YES/NO) - EXPLAIN _____

DIETARY RESTRICTION (YES/NO) - EXPLAIN _____

TRANSPORTATION ARRANGEMENTS _____

I hereby authorize CRAYON CAMPUS to care for my child during the time he/she is in the facility and for CRAYON CAMPUS to secure emergency medical care for my child if I can not be reached. I will also agree to pay tuition in the amount of \$ _____ per week in advance. I acknowledge a yearly registration fee in the amount of \$100.00.

I _____ agree to give a thirty day written notice when leaving the center. I will be responsible to pay my account in full or my account will be handled in small claims court and I will be responsible for all attorney, court, and late fees that incur.

I acknowledge that I have read the policies of the center and agree to be bound by these policies upon registering my child.

Parent Signature

Date

Center Representative

Date