



510 N. Fifth Street

Perkasie, PA 18944

www.exploreandlearn.com

(215) 257-9240

Please complete this registration form in its entirety and return to the school director

Name of Child: _____ Birth Date (Due Date): _____ Address: _____	Lateness: After 5:30 pm, you will be charged a late fee at a rate of \$1.00 per minute.
Mother's Name / Legal Guardian: _____ Mother's Address: _____ Home Phone#: _____ Cell #: _____ Mother's Employer: _____ Phone #: _____ Email Address: _____	Initials: _____ Desired Start Date: _____
Father's Name / Legal Guardian: _____ Father's Address: _____ Home Phone#: _____ Cell #: _____ Father's Employer: _____ Phone #: _____ Email Address: _____	<p style="text-align: center;"><u>OFFICE USE ONLY</u></p> Date of Application: _____ Registration Fee Paid: _____ Escrow Received: _____ Escrow Rec. Date: _____
Name and Birth Dates of Siblings: _____	Age Group: _____
Are you the (check one): Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/>	Starting Date: _____
Unusual Factor in Child's Life (check one): None <input type="checkbox"/> Court Order Affecting Child <input type="checkbox"/> Absence of Mother/Father <input type="checkbox"/> Other: <input type="checkbox"/> _____	Tuition Deposit Due: _____
Previous Nursery School or Child Care Attended: _____	Enrollment Pkg Read: _____
How did you hear about our center?: _____	Folders and Tags Made: _____
May Pictures and/or video be taken of your child/ren?: _____	Times Confirmed: _____
Are there any special medical, physical, or emotional needs your child has that the school or staff should be aware of? (ex: IEP, IFSP): _____ _____ _____	Moving Dates: Date To: From: _____ To: From: _____ To: From: _____ To: From: _____
By completing this application I understand that a \$75.00 (one child) or \$100.00 (family), non-refundable fee is due with each registration. Payments are based on a weekly rate and are due Thursday for the following week of care. This child care center reserves the right to dismiss any student who does not respect or cooperate in our program. In signing this form, you the parent/guardian, agree to abide by all policies and rules set forth in the Parent Handbook.	Withdrawal Date: _____ Reason for Withdraw: _____ _____ _____
Parent/Guardian Signature: _____ Date: _____	_____ _____ _____