

ToT SPOT REGISTRATION FORM

Child's Name:	Birthday:
Program: 18 Months –2 Year Old 3-4 Year Old	Days: 2 Days 3 Days 5 Days EXTENDED CARE
Registration Date:	Registration Fee: \$150.00 Date PAID:

FAMILY INFORMATION

Mother's Name:	Father's Name:	
Address:		
Email address:	Primary phone #:	Secondary phone #:
Mother's Occupation:	Father's Occupation:	
Your relationship to child/children: Mother _____ Father _____ Grandparent _____ Other _____		

EMERGENCY INFORMATION

Name of local friend or relative to contact if parent(s) cannot be reached:	Relationship to child/children:	Primary phone #:	Secondary phone #:
Any Allergies or Medical Conditions:			
Medications:	Name of Persons NOT Allowed to pick up Child:		

AGREEMENT

The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance that may accrue due to fees. I understand that if I am more than 10 minutes late picking up my child, an additional hour will be charged. I am aware that The SPOT Activity Center is not a childcare center and is not licensed by DHR as such but, rather, is an ACTIVITY CENTER meant for my child/children's entertainment and enrichment. I authorize The SPOT to call 911 in the event my child/children require(s) immediate medical attention.

Parent/Guardian signature

Date

