

# TOT SPOT REGISTRATION FORM

Child's Name:	Birthday:
Program:      18 -24 months      2 & 3 Year Old      4 Year Old	Days:      2 Day (T&TH)      3 Day (M,W,F)      5 Days      EXTENDED CARE
Registration Date:	Registration Fee: \$50.00      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

