

Today's Date: _____

CHILDCARE
WILKINS LEARNING CENTER
REGISTRATION FORM

Enrolled Sibling's
Name & Program

Parent's Name _____ Email Address _____

Parent's Name _____ Email Address _____

Street Address _____ Home Phone _____

City, Zip Code _____ Cell Phone _____

1st Child's Full Name _____

Child's Date of Birth _____ Age _____ Boy or Girl? (please circle)

2nd Child's Full Name _____

Child's Date of Birth _____ Age _____ Boy or Girl? (please circle)

Medical Conditions/Health Related Needs: _____

Are there any specific ways can we help your child developmentally? _____

Child's Name: _____

Preferred Start Date: _____

Childcare Room: _____

Swaddlers, Crawlers, Walkers, Talkers, Mini 3s

Full-Time More than 5 hours per day **Part-Time** Less than 5 hours per day

Days Needed: _____
Example: Monday – Friday or Tuesday/Thursday

Times Needed: _____
Example: 7:00am-4:00pm or 8:00am-5:30pm or 12:00pm-4:00pm

Child's Name: _____

Preferred Start Date: _____

Childcare Room: _____

Swaddlers, Crawlers, Walkers, Talkers, Mini 3s

Full-Time More than 5 hours per day **Part-Time** Less than 5 hours per day

Days Needed: _____
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Additional Information: _____

Office use only – REG FEE/DEPOSIT: Date Paid _____ Amount _____ Cash Charge Check # _____

Registration Packet Picked Up: _____ Front Desk Meet with a Director