

# LearningLand Registration Form

(please complete registration for each child)

Date \_\_\_\_\_

Date Enrolled \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

The best way to contact me is:  cell phone  email  home phone  work phone

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Gender  male  female

Medical Issues/Allergies \_\_\_\_\_

Check the Following: ( Attendance less than full week is subject to availability)

\_\_\_\_\_ My child will attend full-time (5 days a week)

If my child will not attend "full-time" which days will he/she attend M T W Th F (circle)

\_\_\_\_\_ My child will attend Before/After School Care

\_\_\_\_\_ My child will attend After School Tutoring (separate contract required)

Routine time of arrival \_\_\_\_\_

Routine time of pick-up \_\_\_\_\_

My schedule may vary so my Arrival & Pick-up may vary \_\_\_\_\_

## For children ages 3-5

\_\_\_\_\_ I wish to place my child in Preschool only

\_\_\_\_\_ I wish to enroll my child in Before/After Preschool and/or public school

\_\_\_\_\_ I wish enroll in daycare only

## For Before/After School Care

The public school my child attends is \_\_\_\_\_

My child rides bus # \_\_\_\_\_

Your child is not registered until you pay a fee of \$25 for each registered child. Return fee to:

LearningLand Daycare & Preschool

1017 Fairmont Avenue

Fairmont, WV 26554

Phone No: 304-333-0186

Visit us on the web at: [www.learninglandwv.com](http://www.learninglandwv.com)

Date Disenrolled \_\_\_\_\_