

TUTOR TIME[®]
CHILD CARE / LEARNING CENTERS
ENROLLMENT REGISTRATION INFORMATION

CHILD INFORMATION

Name of Child: _____

Date of Birth: _____ Age: _____ Gender: _____

Child's Primary Language: _____

Child's Home Address: _____

Home Email: _____ Phone #: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed

Primary Residence: Mother Father Both Guardian _____

Family members child lives with – include names and ages of siblings: _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian: _____ Relationship to Child _____

Home Address _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Parent/Guardian: _____ Relationship to Child _____

Home Address _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

PARENT/GUARDIAN

SIGNATURE: _____ DATE: _____