

REGISTRATION – SHEPHERD OF THE HILLS CHILD DEVELOPMENT CENTER

Child's Name _____
Last First Middle Nickname

Street Address _____ Zip _____

Mailing Address (if different) _____ Zip _____

Birth Date _____ Home Phone _____ Cell Phone _____

Father's Name & Work Phone _____

Mother's Name & Work Phone _____

Emergency Name & Phone _____

Persons Authorized to Pick Up Child _____

Food/Drink Child Cannot Have _____

Family Physician & Phone _____

Family Dentist & Phone _____

Signature of Parent _____ Date _____

(Office use only) \$50 Registration Fee: Check # or cash _____ Class _____ Teacher _____