

# Harvest Time Christian School

Registration Form for School Year \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_  
(Last) (First) (Middle)

(Nickname) (Sex) (Age) (Birth date)

HOME ADDRESS: \_\_\_\_\_  
(Street) (City) (Zip)

CHILD LIVES WITH: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ GRADE ENTERING: \_\_\_\_\_

### **Parents/Guardians**

FATHER'S FULL NAME: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

MOTHER'S FULL NAME: \_\_\_\_\_

SOC. SEC. NO.: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

### **Telephone Numbers**

HOME: \_\_\_\_\_

FATHER WORK: \_\_\_\_\_ MOTHER WORK: \_\_\_\_\_

FATHER CELL: \_\_\_\_\_ MOTHER CELL: \_\_\_\_\_

FATHER EMAIL: \_\_\_\_\_ MOTHER EMAIL: \_\_\_\_\_

### **Alternate Caregivers:**

List two (2) neighbors or relatives who will assume care of your child in your absence:

\_\_\_\_\_  
(Name) (Address) (Phone No.)

\_\_\_\_\_  
(Name) (Address) (Phone No.)

LOCAL PHYSICIAN: \_\_\_\_\_  
(Name) (Phone No.)

In case of accident or serious illness, I request the daycare to contact me; if the daycare is unable to reach me, I hereby authorize the daycare to call the physician indicated above and follow his instructions. If impossible to contact physician, daycare may make necessary arrangements.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

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### FOR OFFICE USE ONLY:

Registration Fee: \_\_\_\_\_ Curriculum Fee: \_\_\_\_\_ Monthly Fee: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Note: \_\_\_\_\_