



INTAKE AGREEMENT

Child's Name: _____ Nickname: _____

Date of Birth: _____ Present Age: _____ Sex: _____

Home Address: _____

Mother's Name: _____ Security Code: _____

Address: (if different from child) _____

Phone Numbers: Mobile _____ Home _____ Work _____

Employer: _____ Work Hrs: _____

Email Address: _____

Father's Name: _____ Security Code: _____

Address: (if different from child) _____

Phone Numbers: Mobile _____ Home _____ Work _____

Employer: _____ Work Hrs: _____

Email Address: _____

Desired Enrollment Date: _____ Responsible Party for Tuition: _____

Days/Approx. Times at the Center: _____

**** In the event of divorce, we need a copy of any court-signed custody agreement on file. This is to ensure the safety of the child.**

Other individuals authorized to pick up the child:

CODE	NAME	PHONE	RELATIONSHIP

A non-refundable registration fee of \$30.00 must be attached to this intake agreement. The tuition is \$ _____ per week and must be paid in advance, starting on the first day of the child's enrollment.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____