

Child's full legal name:  
 First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Male  Female

Full Legal Names of Parents/Guardians LIVING IN THE CHILD'S RESIDENCE  
 First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Relation to child: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Work: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different from child's): \_\_\_\_\_

Names of child's biological Parents or other persons NOT LIVING IN CHILD'S RESIDENCE that have financial responsibility, custodial or visitation rights:  
 Mailing Address: \_\_\_\_\_ Phones: \_\_\_\_\_

Please list any allergy or medical condition your child may have. \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING ... MON. TUE. WED. THUR. FRI.**

Child's (APPROXIMATE) ARRIVAL TIME: ( \_\_\_\_\_ ) (APPROXIMATE) DEPARTURE TIME: ( \_\_\_\_\_ )

**At the Main building:**  
 INFANTS (Lisa)  
 PRE-TODDLER (Brie)  
 TODDLER (Amanda)  
 OLDER TODDLER (Kristen)  
 PRE-PRESCHOOL (Stefanie)  
 PRESCHOOL FULL DAY #1 (Jessie)  
 PRESCHOOL FULL DAY #2 (Jessica)  
 PRE-KINDERGARTEN FULL DAY #1 (Erika)  
 PRE-KINDERGARTEN FULL DAY #2 (Becky)

**At the Kindergarten Center:**  
 KINDERGARTEN - 5TH GRADE (Jenna)

• If you are not currently enrolled at Country Dawn a one-time \$100.00 registration fee for each child is due.

**Please mark payment type:**  Private Pay  Subsidized Pay

<b>FOR OFFICE USE ONLY</b>	<b>Date Form Received:</b>	<b>Child's Start Date:</b>
Wait List: Yes No		Full Time:
Registration or Re-Enrollment Fee:	NA \$100	Part Time:
Scanned to Teacher: Yes No		Severe Allergy: Yes No
Has siblings: Yes No		Fingerprints Done: Yes No
		Procure Welcome Email Sent: Yes No