



# Ladybug Landing Early Learning Center



## Registration Information

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Home Phone/Cell Phone/Pager \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Sex \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_ Living: Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_  
Street City Zip

SS# \_\_\_\_\_ Does this person have legal custody? \_\_\_\_\_

Father or Guardian's Employment \_\_\_\_\_

Telephone number at work \_\_\_\_\_ Email \_\_\_\_\_

Mother or Guardian's Name \_\_\_\_\_ Living: Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_  
Street City Zip

SS# \_\_\_\_\_ Does this person have legal custody? \_\_\_\_\_

Mother or Guardian's Employment \_\_\_\_\_

Telephone number at work \_\_\_\_\_ Email \_\_\_\_\_

Child lives with: (Check one) Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Legal Guardian \_\_\_

### FOR OFFICE USE ONLY

ADMISSION DATE: \_\_\_\_\_ BY: \_\_\_\_\_ START DATE: \_\_\_\_\_

\_\_\_\_\_ ENROLLMENT FEE PD \_\_\_\_\_ PHOTO RELEASE \_\_\_\_\_ SHOT RECORDS \_\_\_\_\_ FOOD PROGRAM

\_\_\_\_\_ HEALTH/EXT PREP FORM \_\_\_\_\_ TUITION CONTRACT \_\_\_\_\_ CREDIT/REFERENCE \_\_\_\_\_ HDBK FORM

CLASSROOM ASSIGNED: \_\_\_\_\_ PICKUP FORM \_\_\_\_\_ EMRGCY FORM

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_