

D) Sleeping Habits (special toys, blanket, etc.): _____

E) Is there anything else you can think of that would help us know and understand your child better: _____

Other children in the family:

Name _____	Age _____	F _____	M _____
Name _____	Age _____	F _____	M _____
Name _____	Age _____	F _____	M _____

Other people living in the household: _____

People authorized to pick the child up from the center:

Name: _____
Name: _____
Name: _____
Name: _____

PLEASE NOTE:

- Children will be released to the parent(s) who register their children in the center.
- Children will not be released to anyone not listed on the form unless the center is advised of the change of person (including taxi service).
- If for some reason it becomes necessary to withdraw you child, a minimum notice of two weeks is required or two weeks fee in lieu of notice.

Date: _____

Signed: _____
(Parent or Guardian)