

SeeSaw Children's Place Registration

Registration Date _____ Start Date _____

Has your child attended SeeSaw Children's Place Before? YES NO

If so, which Site? FAIRMONT BRAMELETTE PINE TREE

Child's Name _____ Date of Birth _____

Race _____ Age _____ Grade _____ Allergies _____

Child's Address _____

The following information is REQUIRED information. ALL information will be kept confidential.

Parent's Marital Status: SINGLE MARRIED SEPARATED DIVORCED

MOTHER (or step): _____ Social Security # ____ - ____ - ____

Driver's License # _____ Mother's Birthday _____

Address: _____ City/State: _____ Zip _____

Mother's Home Telephone _____ Cell _____ Work _____

Place of Employment _____ Work Hours _____

FATHER (or step): _____ Social Security # ____ - ____ - ____

Driver's License # _____ Father's Birthday _____

Address: _____ City/State: _____ Zip _____

Father's Home Telephone _____ Cell _____ Work _____

Place of Employment _____ Work Hours _____

Signature of Parent or Legal Guardian

Date

Facility Child will attend: FAIRMONT BRAMLETTE PINE TREE