

# SeeSaw Children's Place Registration

Registration Date \_\_\_\_\_ Start Date \_\_\_\_\_

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

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**Child's** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ 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**      **MONTESSORI**      **PINE TREE**

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**Office use only**

Registration Fee: \_\_\_\_\_ Supply Fee: \_\_\_\_\_ Weekly Tuition: \_\_\_\_\_

Classroom: \_\_\_\_\_ Teacher: \_\_\_\_\_ Schedule: \_\_\_\_\_