

The Learning B's
Day Care and Learning Center

2185 Bristol Oxford Valley Road * Levittown, PA 19057 * 267-202-0554
www.learningb.com

Registration Form

Child's Full Name: _____ Nickname: _____
Birth Date: _____ Date of Enrollment: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____

Mother's Full Name: _____
Mother's Address: _____
City: _____ State: _____ Zip: _____
Mother's Home Phone: _____ Cell: _____

Mother's Employer: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
Mother's Occupation: _____
Hours at work: _____ to _____ Days at work: _____
Work Phone: _____ ext. _____

Father's Full Name: _____
Father's Address: _____
City: _____ State: _____ Zip: _____
Father's Home Phone: _____ Cell: _____

Father's Employer: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
Father's Occupation: _____
Hours at work: _____ to _____ Days at work: _____
Work Phone: _____ ext. _____

(Next section: Fill out only if applicable)

Parent/Guardian with legal custody: _____
Decree on file? yes no
Parents are: married divorced separated widowed single

Emergency Contact's

Primary Emergency Contact (other than parent/guardian):

Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Child: _____

Secondary Emergency Contact (other than parent/guardian):

Name: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to Child: _____

Person(s) authorized to pick up my child
(besides parents/guardian or emergency contacts)

#1 _____
#2 _____
#3 _____
(with prior notice and with proper ID)

The Learning B's Day Care and Learning Center will not be responsible for paying for the child's health care.

Child's Physician: _____ Phone: _____
Preferred Hospital: _____ Phone: _____
Insurance Company: _____ Policy/ID # _____
Group # _____
Regular Medications : _____
Blood Type: _____ Medicine Allergies: _____
Food Allergies: _____
Any Other Allergies: _____
Any Special Health Conditions: _____

Overview of Care Needs

Number of days per week child care is needed: _____

Days of the week care is needed:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Drop off time: _____ (approximate)

Pick up time: _____ (approximate)

Weekly Fee: _____ Late Fee: _____

A last weeks fee / security deposit of: _____ must accompany this registration form.

(This fee will be applied to your child's final bill)

Comments:

Signatures:

Provider: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

*** I understand that this is a legally binding document, and have read it and understand it.**

We are an equal opportunity facility