



REGISTRATION FORM

Child's Name _____ **Sex** _____ **Birth Date** _____

Home Address _____ **City** _____ **Zip** _____

Home Phone _____ Home e-mail _____

Child's Place of Birth: **City** _____ **State** _____ **Country** _____

List Any Allergies _____

Parent / Guardian 1 _____ **SS#** _____

Employer _____ Business Phone _____ Work Hours _____

Home Address _____ **City** _____ **Zip** _____

Home Phone _____ (if different from above) **Mobile** _____ **E-mail** _____

Birth date _____

Parent / Guardian 2 _____ **SS#** _____

Employer _____ Business Phone _____ Work Hours _____

Home Address _____ **City** _____ **Zip** _____

Home Phone _____ (if different from above) **Mobile** _____ **E-mail** _____

Birth date _____

Person(s) or Agency having legal custody of child (if not listed above):

Name _____ **SS#** _____

How did you learn about Tuckaway? _____

My signature and registration fee will hold my child's place for the date agreed upon:

Enrolling Parent/Guardian Signature _____
Date

Center Registering for:

- Barony
- Ellwood House
- Harbor
- Innsbrook
- Varina
- West

Program:

- Infant
- Toddler
- Preschool
- Private Kindergarten
- After School⁽¹⁾

Schedule:

- Full Time
- Part Time Half Day
 - ◇ Monday
 - ◇ Tuesday
 - ◇ Wednesday
 - ◇ Thursday
 - ◇ Friday

⁽¹⁾ After School Information

School _____

Teacher _____

Grade _____

TUCKAWAY OFFICE USE ONLY

Application Received: _____

Interview Date: _____

Registration Paid: _____

Wait List Paid: _____

Desired Entrance Date: _____

Date of Enrollment: _____