(ALL FORMS MUST BE COMPLETELY FILLED OUT IN ADVANCE BY PARENTS AND YOUR CHILD'S DOCTOR IN ORDER FOR YOUR CHILD TO START SCHOOL. FOR ALL NEW STUDENTS THE FIRST DAY ONLY, CHILDREN SHOULD REPORT TO SCHOOL AT 9:00 A.M.)

QUALITY TIME LEARNING CENTER

8101 Georgia Avenue
Silver Spring, MD 20910
301-588-3350

CHILD'S PASSPORT SIZE PHOTO

REGISTRATION APPLICATION

Child's Name:_____ ID#_____
First M.I. Last
Home Address:_____
_____
Gender: Male:___ Female:___ Child's D.O.B. ____/____/____ Age: _____

Requested Date for Enrollment: _____

Mother/Guardian's: First Name:_____M.I.:___Last Name:_____
Home Address:_____Home Phone: _____
Employed by:_____ Occupation:_____Work Hours: _____
Work Address: _____
Office Phone: ( )_____Cell Phone: ( )_____ E-mail Address: _____

SOCIAL SECURITY NO. ☐☐☐ ☐☐ ☐☐☐☐

Father/Guardian: First Name:_____M.I._____Last Name:_____
Home Address:_____Home Phone: _____
Employed by:_____ Occupation:_____Work Hours: _____
Work Address: _____
Office Phone: ( )_____Cell Phone: ( )_____ E-mail Address: _____

SOCIAL SECURITY NO. ☐☐☐ ☐☐ ☐☐☐☐

Are parents divorced or separated? _____
With whom does the child reside? _____Who has legal custody of child? _____
Languages spoken at home: _____ _____ _____
Brother's/Sister's:_____
Dates of Birth: ___ ___ ___ ___ ___ ___ ___ ___ ___
Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.

List any existing medical conditions, allergies and/or special attention your child may require:_____

_____

(For those emergencies requiring immediate attention, I understand and agree that my child will be taken to Holy Cross Hospital)

Mother's Signature: _____ Date: _____

Father's Signature: _____ **Date: _____**

2017-2018