

(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**



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: _____ Mobile: _____

Employed by: _____ Occupation: _____ Work Hours: _____

Work Address: _____

Office Phone: () _____ E-mail: _____

Father/Guardian: First Name: _____ M.I. _____ Last Name: _____

Home Address: _____ Mobile: _____

Employed by: _____ Occupation: _____ Work Hours: _____

Work Address: _____

Office Phone: () _____ E-mail: _____

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:** _____