(ALL FORMS MUST BE COMPLETELY FILLED OUT IN ADVANCE BY PARENTS AND YOUR CHILD'S DOCTOR IN ORDER FOR YOUR CHILD TO START SCHOOL

Quality Time Learning Center
School-Age Before & After Care
905 Sligo Avenue, Silver Spring, MD 20910
301-588-3350

Requested date for Enrollment:
_____/_____/_____
Age: ____

REGISTRATION APPLICATION

Child's Name: _____
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:** _____