

Little Genius Academy Registration Form

First **Last**

Childs Name: _____
Child's Date of Birth: "" / "" / "" Date Enrollment Begins: "" / "" / ""
Name of Childs Class: _____
In Case of Emergency: _____
Allergies: _____ **EpiPen** Y N
Dietary Restrictions/ Requests: _____
Pediatrician: _____ Phone # _____
Parents Security Password _____
Key Fob # _____ Return Date _____
Mother's Name _____ SS # _____
Home # _____ Work _____ Cell _____
Street Address _____
City _____ State _____ Zip Code _____
Place of Employment _____ email _____
Father's Name _____ SS# _____
Home # _____ Work _____ Cell _____
Street Address (Only if Different) _____
City _____ State _____ Zip Code _____
Place of Employment _____ email _____

I _____ acknowledge that Little Genius Academy has provided me with a Parents Handbook which includes the New Jersey's Child Care Center licensing requirements. I am also acknowledging and agree to the center illness policy and anything that I do not understand can be referenced in The Manual of requirements for Child Care Centers.

INTERNAL OFFICE USE ONLY

<u>Hours and Days Preferred: Please Check</u>	
Five Day Full 8:00am-6:00pm _____ Five Day Part 8:30am-3:00pm _____ Five Day Morning 8:30am-11:30am _____	
Three Full Day 8:00am-6:00pm _____ Three Day 8:30am-3:00pm _____ Three Mornings 8:30am-11:30am _____	
Please Circle What Days Preferred	
Monday Tuesday Wednesday Thursday Friday	
Two Full Day 8:00am-6:00pm _____ Two Part Day 8:30am-3:00pm _____ Two Mornings 8:30am-11:30pm _____	
Please Circle What Days Preferred	
Monday Tuesday Wednesday Thursday Friday	
Early Drop off 6:30am-8:00am _____ Late Pick Up 6:00pm-6:30pm _____	
Lunch Fee \$ _____ Please Circle M T W TH F	
Key Fob \$ _____ Registration Fee \$ _____ Enrollment Fee \$ _____	
Tuition \$ _____ Total \$ _____	
Email address for billing _____	
Parent/Guardian Signature _____	Date _____