

REGISTRATION FORM

Please Print Clearly with Blue/Black Ink Only

Facility Name: Little's Learning Safari Director: Peggy Carty Operation No.: 1592399

Child's Name: _____ Birthdate: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

PARENT CONTACT INFO

Mother's Full Name: _____ Phone: _____
Employer: _____ Work Phone: _____ ext. _____
Work Hours: _____ Cell Phone: _____

Father's Full Name: _____ Phone: _____
Employer: _____ Work Phone: _____ ext. _____
Work Hours: _____ Cell Phone: _____

SIBLING INFO

Name: _____ Birthdate: _____
Name: _____ Birthdate: _____
Name: _____ Birthdate: _____
Name: _____ Birthdate: _____
Name: _____ Birthdate: _____

Name of School Child Attends: _____
School Phone: _____

CHECK ALL THAT APPLY

_____ His/Her immunization record is on file at the school in which he/she attends and all immunizations are current. Current vision and Hearing Screening records are also on file.

_____ My school age child has permission to:
_____ Ride the bus to and from Postma Elementary
_____ Walk to and from Postma Elementary (not recommended)
_____ Be released to the care of his/her older sibling(s) under 18 years old.