



YOUR CHILD'S ADVENTURE IN LEARNING

89 Cheshire Street
Delaware Ohio 43015
740-363-4890

REGISTRATION FORM

HOUSEHOLD/CONTACT INFO:

Child's Full Name _____ Date of Birth _____ Age _____

Address _____ City, State, Zip _____

Mother's Name _____ Phone: H _____ W _____ C _____

Address _____ City, State, Zip _____

Father's Name _____ Phone: H _____ W _____ C _____

Address _____ City, State, Zip _____

Child Lives with: Both Parents _____ Mother _____ Father _____ Other _____

Marital Status: Married () Divorced () Separated () Single () Widowed ()

Are there any custody arrangements for your child? No _____ Yes _____ Pending _____

(A court order with supporting documentation describing custody arrangements and restrictions must be provided.)

Members in the household other than this child and parents:

Name	Sex	Birthdates
_____	_____	_____
_____	_____	_____
_____	_____	_____

May we include your name, address and phone number in a parent roster to be given to parents of your child's classmates only? Yes _____ No _____

ENROLLMENT INFO:

Preference of starting date _____ Hours your child will attend: From _____ to _____.

My child will attend the following days: (please circle) M T W R F S

*Standard PT slots are 3 days: M/W/F or 2 days: T/R.

*We will try to accommodate other schedules as best we can.

If there are no openings at this time for your child's age group do you want to be placed on a waiting list?

Yes _____ NO _____ For how long? _____

Has your child had other group experiences? _____ Please specify _____

Where is your child currently receiving care? _____

INDIVIDUAL CHILD INFO:

Child's primary language _____ Other languages spoken at home _____

Toilet Schedules for children under 36 months _____

What do you hope your child will gain from this group experience? _____

Is there anything that we should know about your child to help him/her adjust to school?

AUTHORIZED PICK UP INFO:

Persons authorized to pick up your child other than parents: Please include name and relationship to child.

1. _____

2. _____

3. _____

4. _____

Please note: anyone picking up your child must have your written authorization in advance, proved photo identification and signature.

Is there anyone who may NOT pick up your child? _____

Please include a non-refundable application fee of \$50.00 per child, or \$85.00 per family.

Signature of Parent or Guardian _____ Date _____

If you wish to withdraw your child/children from Adventure Academy you agree to give two weeks notice. If you decide not keep your child at the center for those two weeks, tuition will still need to be paid for that time.

Signature of Parent or Guardian _____ Date _____

Signature of Parent of Guardian _____ Date _____

I understand that by filling out this application it does not assure me a job interview. I authorize investigation of all statements contained in this application. I understand that if any statements I have made are proved to be untrue, this is grounds for immediate termination. My signature certifies that I have read and completed this application without assistance and that the statements I have made herein are true.

Signature: _____ Date: _____