

PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in the Deakings Daycare extended day program. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

Prior to enrollment, the Center Director will schedule a time for you to meet with your child's primary caregiver to learn more about The Deakings Daycare's program and develop a schedule for you and your child. The Director will review the parent/guardian policies /procedures and enrollment forms at that time.

Child's Name: _____
Child's Name: _____

Date of Birth: ____/____/____
Date of Birth: ____/____/____

Parent Guardian Information:

Name: _____
Relationship: _____
Address: _____

E-Mail: _____
Home Phone: _____
Company Name: _____
Company Phone: _____

Name: _____
Relationship: _____
Address: _____

E-Mail: _____
Home Phone: _____
Company Name: _____
Company Phone: _____

Days and Hours Desired:

MON. _____ TUES. _____ WED. _____ THUR. _____ FRI. _____

What date would you like to begin? _____

We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability and is subject to priority enrollment rules of the Program.

(Parent Signature)

(Date)

**Thank you for choosing The Deakings Daycare.
Phone: 412-441-2423
E-mail: Deakingsdaycare@gmail.com**