Covered Bridge Childcare LLC
Registration

Application Date: ____/____/____

Mother's name: _____ Phone: _____

Address: _____ Cell-Phone: _____

City: _____ County: _____ Zip Code: _____

Father's name: _____ Phone: _____

(If Different)
Address: _____ Cell-Phone: _____

City: _____ County: _____ Zip Code: _____

Child's Name: _____ Age _____ DOB ___/___/___ Sex [ ]M [ ]F

Days child will be attending each week Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays ☐

Is child up to date on shots? Yes No Date of last checkup: _____

Is child on any type of medication? Yes No

If yes, what? _____

Person(s) responsible for picking up child/ren: _____

☐ I have enclosed the one time registration fee for participation in the childcare services provided by Covered Bridge Childcare LCC for my child/ren.

☐ I agree to promptly notify Covered Bridge Childcare LLC of any changes of the above information.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. Providing false information could result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Covered Bridge Childcare LLC	Date

You will receive a parent handbook with additional program information after registration is obtained.