

# TLC: THE LEARNING CENTER REGISTRATION FORM-UPDATE

## CHILD'S FAMILY INFORMATION

Child's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_

### Parents/Guardians

Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Hours of Work \_\_\_\_\_ email address \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Hours of Work \_\_\_\_\_ email address \_\_\_\_\_

Other Children in family (please give names and ages): \_\_\_\_\_

## DAYS/TIMES OF ATTENDANCE

Days: M T W T H F Arrival time: \_\_\_\_\_ Departure time \_\_\_\_\_

Do you have additional changes to:

\_\_\_\_\_ Emergency Contacts Form  
\_\_\_\_\_ Release of Child From The Center Form