

CHILD CARE REGISTRATION

Registration must be postmarked by **March 26, 2010**
 Please include this form with your Registration
 And mail to the District Resource Center

Step 1: Child Information

1. _____ Age _____ Birth Date _____
2. _____ Age _____ Birth Date _____
3. _____ Age _____ Birth Date _____

Step 2: Select Sessions

✓	Age Group	Sessions	Price x # Children	Total
	Birth to 2 Years	Monday, April 27, 2009 11:00am - 4:45pm **	\$20 X =	
	3 to 5 Years			
	Birth to 2 Years	Monday, April 27, 2009 6:00pm - 9:30pm	\$15 X =	
	3 to 5 Years			
	Birth to 2 Years	Tuesday, April 28, 2009 8:00am - 4:45pm **	\$20 X =	
	3 to 5 Years			
	Birth to 2 Years	Tuesday, April 28, 2009 6:00pm - 9:30pm	\$15 X =	
	3 to 5 Years			
	Birth to 2 Years	Wednesday, April 29, 2009 8:00am - 4:45pm **	\$20 X =	
	3 to 5 Years			
	Birth to 2 Years	Wednesday, April 29, 2009 6:00pm - 9:30pm	\$15 X =	
	3 to 5 Years			
			TOTAL	

**Children will NOT be fed lunch in the nursery.
 You must pick up and feed your own children**

DISTRCT
 OFFICE USE
 ONLY

B-2 _____

3-5 _____

Copies
 CK
 Form

Payment
 Rec'd

Payment to
 Acct. Dept.

Rec'd Info
 Sheet

Shelby

Info and
 Count
 Forwarded

Step 3: Parent/Child Information

► Please complete the back of this sheet

Step 4: Payment Type

Credit Card
 (Only Visa or MasterCard accepted)

Check or Money Order
 (Payable to District Resource Center)

Credit Card Number: _____ Exp Date: _____

Name of Card Holder (print) _____

Signature of Card Holder: _____

Online registration not available for child care - paperwork must be mailed to NCN District Office!

Parent / Guardian & Child Information Sheet

FIRST CHILD INFORMATION

First & Last Name: _____ Birth Date: _____ Age _____

Child lives with (please circle): Father Mother Guardian

Please list any medical condition(s) your child may have: _____

Does your child currently take any medication(s) (circle one): YES NO

If yes, please list them and reason for taking: _____

SECOND CHILD INFORMATION

First & Last Name: _____ Birth Date: _____ Age _____

Child lives with (please circle): Father Mother Guardian

Please list any medical condition(s) your child may have: _____

Does your child currently take any medication(s) (circle one): YES NO

If yes, please list them and reason for taking: _____

THIRD CHILD INFORMATION

First & Last Name: _____ Birth Date: _____ Age _____

Child lives with (please circle): Father Mother Guardian

Please list any medical condition(s) your child may have: _____

Does your child currently take any medication(s) (circle one): YES NO

If yes, please list them and reason for taking: _____

INSURANCE INFORMATION

Insurance Policy Provider: _____ Policy Number: _____

Doctor's Name: _____ Phone Number: _____

PARENT/GUARDIAN INFORMATION

First & Last Name: _____ Please Circle: FATHER MOTHER GUARDIAN

Full Address: _____

Home Phone: _____ Emergency Phone: _____ Cell: _____

PLEASE NOTE: You **MUST** remain on campus while your child(ren) is(are)
Under the care of Capital Christian Center Nursery.

Signature of Parent/Guardian

Date