

ACCOUNT NUMBER _____

START DATE _____

NEW CLIENT INFORMATION

FATHER/GUARDIAN _____

OCCUPATION _____

WORKPLACE _____ WK PHONE# _____

MOTHER/GUARDIAN _____

OCCUPATION _____

WORK PLACE _____ WK PHONE# _____

STEP-PARENTS (S) _____

OCCUPATION _____

WORK PLACE _____ WK PHONE# _____

NAME OF PARTY BILLED _____

MAILING ADDRESS _____

HOME PHONE# _____

CHILD(REN) NAMES _____ Program: ___ 'f&a' ___ Pre-S ___ Toddlers

_____ Program: ___ 'f&a' ___ Pre-S ___ Toddlers

_____ Program: ___ 'f&a' ___ Pre-S ___ Toddlers

_____ Program: ___ 'f&a' ___ Pre-S ___ Toddlers

ARE THEY CENTER MEMBERS? ___ YES ___ NO

ARE PARENTS DIVORCED/SEPARATED? ___ YES ___ NO

DO WE HAVE COPY OF CUSTODY AGREEMENT? ___ YES ___ NO ___ N/A

FOR OFFICE USE ONLY

WEEKLY FEE _____

REG. FEE PD _____

SCHOOL CLOSED FEES

FORM _____

FULL DAY _____

HALF DAY _____

(1) ___ JACKIE

(2) ___ ERIN

(3) ___ TERESA