

BARB'S PLAY & LEARN CHILD CARE CENTER

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PURDY NEAT PLACE

4069 Purdy Rd.

Lockport, N.Y. 14094

(716) 491-0712

REGISTRATION FEE \$10.00

Child's name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City' \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home phone \_\_\_\_\_

Child lives with \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

\_\_\_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

\_\_\_\_\_ Stepparent \_\_\_\_\_ Pets \_\_\_\_\_

\_\_\_\_\_ Custody Concerns \_\_\_\_\_

\_\_\_\_\_ Religion \_\_\_\_\_

\_\_\_\_\_ Fathers place of employment \_\_\_\_\_

\_\_\_\_\_ Day time Phone \_\_\_\_\_ occupation \_\_\_\_\_

\_\_\_\_\_ Mothers place of employment \_\_\_\_\_

\_\_\_\_\_ Day time Phone \_\_\_\_\_ occupation \_\_\_\_\_

\_\_\_\_\_ Do mailings go to above address? \_\_\_\_\_ If Not / Where \_\_\_\_\_

Parent substitute (to be used if parents can not be reached  
in an emergency) Name \_\_\_\_\_

Phone \_\_\_\_\_

Persons authorized to take your child with your permission  
and notice \_\_\_\_\_

District & School child will attend \_\_\_\_\_

September 200 \_\_\_\_\_ Grade - \_\_\_\_\_