

# TENDER YEARS LEARNING CENTER - STUDENT REGISTRATION FORM

Child's D.O.B:  / /  Enrollment Date: \_\_\_\_\_ Gender  M F   
 Child's Last Name \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Middle Init \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_

3 - 4 year old Preschool Program		
	2 AM	Tuesday & Thursday (8:30-12:00)
	2 FULL	Tuesday & Thursday (8:30-3:00)
	3 AM	Monday, Wednesday & Friday (8:30-12:00)
	3 FULL	Monday, Wednesday & Friday (8:30-3:00)
	4 AM	Monday, Tuesday, Thursday & Friday (8:30-12:00)
	4 FULL	Monday, Tuesday, Thursday & Friday (8:30-3:00)
	5 AM	Monday through Friday (8:30-12:00)
	5 FULL	Monday through Friday (8:30-3:00)

4 - 5 year old Pre-Kindergarten Programs		
	2 AM	Tuesday & Thursday (8:30-12:00)
	2 FULL	Tuesday & Thursday (8:30-3:00)
	3 AM	Monday, Wednesday & Friday (8:30-12:00)
	3 FULL	Monday, Wednesday & Friday (8:30-3:00)
	4 AM	Monday, Tuesday, Thursday & Friday (8:30-12:00)
	4 FULL	Monday, Tuesday, Thursday & Friday (8:30-3:00)
	5 AM	Monday through Friday (8:30-12:00)
	5 FULL	Monday through Friday (8:30-3:00)

Extended Day Services			
<input type="checkbox"/>	AM only 7:30-8:30 on enrolled days	<input type="checkbox"/>	PM only 3:00-5:30 on enrolled days
<input type="checkbox"/>	AM & PM 7:30-8:30 am and 3:00-5:30 PM on enrolled days		

**PARENT 1 or LEGAL GUARDIAN 1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Town \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**PARENT 2 or LEGAL GUARDIAN 2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Town \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

PLEASE FILL OUT BOTH SIDES

# TENDER YEARS LEARNING CENTER - STUDENT REGISTRATION FORM

Yes No

- My child's information may be shared and included in a class directory.
- My child is the sibling of a TYLC alumni. List alumna/alumnus name here \_\_\_\_\_
- Does your child have any health problems? If yes, please explain: \_\_\_\_\_
- Any known allergies? If yes, please list here: \_\_\_\_\_
- Are there any foods your child cannot eat? If yes, please list here: \_\_\_\_\_
- Any vision, hearing, or speech or behavior problems? If yes, please explain: \_\_\_\_\_
- Are there any medications given regularly? If yes, please list here: \_\_\_\_\_
- Is your child learning English as a second language? If yes, please list the primary language spoke at home: \_\_\_\_\_
- Does your family have any family, cultural or religious traditions that you would like to share: \_\_\_\_\_
- How did you hear about our program? If referred by a friend or acquaintance, please list their name below so that we can thank them. \_\_\_\_\_
- 

Signature of Parent/Legal Guardian

Date: