



First Plymouth Learning Center Registration Application 2010/2011



Child's Name		
Sex (circle one) Male Female	Birth Date	Age as of October 1, 2010
Registering for (circle one) PDO 3 Days, PDO 2 Days (W&F), PDO 1 day (M), or Preschool		
Home Address		City, State, ZIP
Home Phone	E-Mail Address	
Parent's Name	Business Phone	Cell Phone
Parent's Employer	Employer Address	City, State, ZIP
Parent's Name	Business Phone	Cell Phone
Parent's Employer	Employer Address	City, State, ZIP
Parent Home Address (if different from child)		Child Lives With:
Sibling Name	Sex (circle one) Male Female	Age
Sibling Name	Sex (circle one) Male Female	Age
Sibling Name	Sex (circle one) Male Female	Age
Name of Additional Person Authorized to Pick Up Child. Emergency Contact? Yes No (circle one)		
Address (include City and ZIP)		Daytime Phone
Name of Additional Person Authorized to Pick Up Child. Emergency Contact? Yes No (circle one)		
Address (include City and ZIP)		Daytime Phone
Names of Persons UNAUTHORIZED to Pick Up Child		
Previous School/Day Care Experience		
Does your child care for his/her own toilet needs?	Any special toileting words?	
Any hearing, seeing, or speech difficulty? Yes (Please provide details on reverse.) No	Special health conditions, limitations, or needs? Yes (Please explain on reverse.) No	
Has anything unusual happened in the family or to the child (illness, accident, death, separation, for example)? Yes (Please explain on reverse.) No		

(Please see reverse)

What are your expectations of the Learning Center Program?
What specific benefits do you want for your child?
What area of growth do you anticipate being most important for your child this year?
Use this space to explain any "Yes" answers on the previous page:

(For office use only)

Date and Time Registration & Fee Received		Received By
Waitlisted? Yes No	Date Waitlist Cleared	
Class in which enrolled:	Enrollment Date	