



Adrian College



Parent/Guardian Information

Registration Date: _____

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Marital Status:

Married Single Divorced /Separated Widowed Other _____

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status:

Married Single Divorced /Separated Widowed Other _____

Child Information

First Name: _____ M.I. ___ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Date of last shots: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

May we take and maintain a photo of your child for security purposes? Yes No

My child is in good health and should have no problems with daily activities Yes No

R400.5305 Health Records.

_____(initial) Upon enrollment and annually thereafter, the Adrian College Baby Bulldog Center shall obtain and keep on file at the center a signed statement from the school-aged child's parent all of the following:

- (1) The child is in good health with activity restrictions noted.
- (2) The child's immunizations are up to date. The immunization record or appropriate waiver is on file with the child's school

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Tuition / Payment Information:

Please fill out the days and times your child will be attending. The schedule may be changed by giving a one-week written notice to the Director. *Termination requires a two-week written notice and full balance paid the Friday before the last week of care needed.*

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Weekly tuition: _____ (initial) I agree to make a weekly payment in the amount of \$_____.

Upon signing this agreement, the parents, legal guardians or responsible adult and the Adrian College Baby Bulldog Center agree to abide by all of the provisions contained in this contract.

In witness whereof, the parties hereto have executed this contract as of the specified date.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

AC BBC Director Signature: _____ Date: _____

Registration Checklist:

Registration packet completely filled out and double checked.
 Your child's health appraisal sheet must be turned in no later than 30 days after enrollment.
 Failure to do so will result in termination of care until those forms are turned in.
 Please call 517-264-3989 if you have any questions.

I heard about your program through (please circle one):

Newspaper Radio Friend E-mail Website Other:_____