

Barrett Early Learning Center

410 Ridge Street
Charlottesville, VA 22902
434-295-9202

Starting date _____

REGISTRATION FORM

Today's date _____

Child's Name _____ Nickname _____

Age _____ Date of Birth _____ Gender (circle one) M F

Child's Social Security # _____

Mother's Name _____ Social Security # _____

Home address _____

Home Phone _____ Work phone _____

Mother's Occupation _____

Place of Employment and work address _____

Father's Name _____ Social Security # _____

Address (if different) _____

Home phone (if different) _____ Work Phone _____

Father's Occupation _____

Place of Employment and work address _____

Child lives with (check all that apply) _____ both parents _____ mother _____ father

_____ other (give name and relationship) _____

Person or Agency having legal custody of child _____

Address _____

Home phone _____ Work phone _____

Two local emergency contact persons, other than parents:

1. Name _____ Relationship _____

Address _____

Home phone _____ Work phone _____

2. Name _____ Relationship _____

Address _____

Home phone _____ Work phone _____

Name of local physician _____ Phone _____

Name of dentist _____ Phone _____