



## REGISTRATION FORM 2016-17

Registration is made on a space-available basis.

Haddonfield Child Care strives to provide care to all children who are enrolled in the Haddonfield Public Schools without discrimination, accommodating all who can function safely and appropriately within the structure of the program and curriculum.

Upon receipt by HCC of the completed Registration Form, signed Enrollment Agreement, and Registration Fee, the family is obligated to all HCC financial and other policies.

<u>NAME OF CHILD</u>	<u>SCHOOL</u>	<u>GRADE ENTERING</u>	<u>SEX</u>	<u>DATE OF BIRTH</u>

**PARENT(S) OR GUARDIAN(S):** [Note: If child is the subject of a court **custody order** (ex., foster child, or divorce custody order), you must indicate the **custodial person(s)** and include a copy of **court order signed by a judge**]

\_\_ Parent or \_\_ Guardian #1 \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_ Parent or \_\_ Guardian #2 \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_  
 \_\_\_\_\_

**BILL TO and PRIMARY CONTACT:** Please designate **one person** as the billing recipient who will make **all** enrollment/scheduling decisions and assume **all** financial responsibility. We cannot bill multiple people, even in cases of joint or shared custody. This section must be completed even if same as above, and **must be signed by the person designated as financially responsible**. All billing is done by e-mail; please indicate e-mail address to which bills should be sent.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Official Address to Which All Correspondence Should Be Sent \_\_\_\_\_  
 \_\_\_\_\_

E-mail Address for Billing \_\_\_\_\_

I Agree to All Financial Responsibility \_\_\_\_\_ Date \_\_\_\_\_

Signature

**PARENT/GUARDIAN EMPLOYMENT INFORMATION**

Parent/Guardian #1's Employer \_\_\_\_\_ Occup. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian #2's Employer \_\_\_\_\_ Occup. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

