



7533 Old Alexandria Ferry Rd., Clinton, MD 20735
301- 856 1680

Officer:
Kamal Moinuddin

Registration Form

Child's Name: _____ Birthday: _____

Home Address: _____

Home Phone: _____

Mother's Name: _____

Mother's Business Phone: _____ Cell: _____

Mother's Business Address: _____

Father's Name: _____

Father's Business Phone: _____ Cell: _____

Father's Business Address: _____

Has your child attended a day care center previously? _____

If so, Name of center _____ Date Attended _____

Who will pick up your child _____

Who should be contacted in case of an emergency _____

If you cannot be reached, who can act in your behalf _____

Doctor's Name: _____ Phone No. _____

I hereby release The Children's Center from any and all liabilities.

My Child _____ has my permission to participate in all of the field trips scheduled by the center.

_____ I acknowledge that the Guide to Regulated Child Care can be found on the website thechildrensctr.com under Forms.

Signature: _____ Date: _____