

**THE FULLNESS OF THE SPIRIT MINISTRIES  
GROWING STATION DAY CARE**

730 CANAL DRIVE  
CHESAPEAKE, VA 23323  
(757) 487-5513

**REGISTRATION FORM**

**Child's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Month) (Day) (Year) (Male/Female)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular/ Pager: \_\_\_\_\_

Allergies/ Medication: Yes/ No If yes, provide more information: \_\_\_\_\_  
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**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

We use emails for all parent emergencies, notification, alerts, and communication. Would you like for us to contact you via email for any notifications, specials, or important information ( yes no)

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

We use emails for all parent emergencies, notification, alerts, and communication. Would you like for us to contact you via email for any notifications, specials, or important information ( yes no)

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My child is being enrolled into the following program (check one only)

\_\_\_\_\_ Full Time: Nursery and Day Care (Monday-Friday)  
**Circle Age/Grade Level:** N-2, PS-3, PK-4, K-5, 1st, Public School Virtual Learning

\_\_\_\_\_ Part time: Preschool Program (Half Days / Three Days)/ School  
**Circle Age/Grade Level:** N-2, PS-3, PK-4, K-5, 1st

\_\_\_\_\_ Before and After Care/ Kindergarten After Care  
My Child Attends \_\_\_\_\_ (School).

Will your child need Transportation from School? \_\_\_ Yes \_\_\_ No

Has your child ever been enrolled at Growing Station Day Care before? \_\_\_ Yes \_\_\_ No If yes, what year: \_\_\_\_\_

**REFERRED BY:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Growing Station Day Care is authorized to release \_\_\_\_\_ to the following people:  
(Child's Name)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THERE IS A SITUATION THAT YOU WOULD LIKE US TO BE ESPECIALLY CAUTIOUS ABOUT, PLEASE EXPLAIN ON THE BACK.**