

**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: _____

Mother's Name: _____

Address: _____

Social Security Number: _____ Home Phone: _____

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: _____

Social Security Number: _____ Home Phone: _____

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)

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.