



Please mail to Children's Garden:
1401 Cypress St
West Monroe, LA 71291

Registration Form

Please Print

Child's Name: _____ Goes By: _____

Age: _____ Birthdate: _____ Gender: M _____ or F _____

Address: _____

Mother's/Guardian's Name & Address: _____

Cell Phone #: _____

Email: _____ Alt. Phone #: _____

Father's / Guardian's Name & Address: _____

Cell Phone #: _____

Email: _____ Alt. Phone #: _____

Mother's Employer: _____ Ph #: _____

Father's Employer: _____ Ph #: _____

Describe Child's Habits, including: Likes _____

Dislikes _____ Toilet Trained: Yes _____ or No _____

Favorite Pastimes 1. _____ 2. _____

3. _____ 4. _____

Favorite Snack Foods: _____

Who will bring your child to school on a regular basis? _____

Who will pick your child up from school on a regular basis? _____

Please mark the number of days your child will be attending (3-year-old class only):

2 Days (T/T) _____ 2 Days (M/W) _____ 4 Days (MTWT) _____

I hereby authorize this facility:

1. To care for my child during the time he or she is in the facility.

2. To secure emergency medical care for my child in case of inability of the school to reach me. (Every effort will be made to reach parents in case of an emergency.)

I agree to pay the amount of \$ _____ per month, in advance, by the 5th of each month.

_____ I give Children's Garden permission to place pictures of my child (no names) online (i.e. website, public Facebook page, etc).

_____ I **do not** give Children's Garden permission to place pictures of my child (no names) online (i.e. website, public Facebook page, etc).

Parent's / Guardian's Signature: _____ Date: _____

List person's other than parents to contact in case parents cannot be reached:

Name: _____ Relationship: _____ Phone: _____

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