

**The Cub House  
Child Care Center  
REGISTRATION FORM**

**Child Information:**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: M F

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: M F

Enrollment Date: \_\_\_\_\_

**Parent Information:**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Daily Schedule:**

Days Attending: \_\_\_\_\_ Part-Time (3 days/wk: M T W TH F) \_\_\_\_\_ Full-Time (4 – 5 days/wk)

Approximate Drop-off Time: \_\_\_\_\_ Approximate Pick-up Time: \_\_\_\_\_

Please mail form and \$50.00 registration fee to: 6500 Pearl Road, Parma Heights, Ohio 44130.

I will contact you to arrange a meeting.

6500 Pearl Road Parma Heights, Ohio 44130 (440) 884 – CUBS FAX: (440) 884 - 2829