

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

**Child Information:**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M F

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ 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 non-refundable \$60 registration fee to: 6500 Pearl Rd. Parma Hts, OH 44130.