



## QUALITY TIME EARLY LEARNING CENTER

8101 Georgia Avenue,  
Silver Spring, MD 20910

Requested date for enrollment:

\_\_\_\_/\_\_\_\_/\_\_\_\_

### Registration Application

Age: \_\_\_\_

Child's Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Mother/Guardian's Name: (circle) First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

Work Phone:( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father/Guardian's Name: (circle) First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

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

Work Phone:( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are parents divorced or separated: \_\_\_\_\_

With whom does the child reside?: \_\_\_\_\_ Who has legal custody?: \_\_\_\_\_

Language spoken at home?: \_\_\_\_\_

Brother's/Sister's: \_\_\_\_\_

Dates of Birth: \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr. Mo. Day Yr.

List any existing medical conditions, allergies and/or special attention your child may require:

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

*(For those emergencies requiring immediate attention, I understand and agree that my child will be taken to Holy Cross Hospital)*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_