



**TIME FOR TOTS PROGRAM
THE CHILDREN'S CENTER
FIRST CONGREGATIONAL CHURCH
2018-2019 REGISTRATION FORM**

CHILD'S NAME _____ NICKNAME _____ SEX _____ DOB _____

ADDRESS _____ CITY _____ ZIP _____

HOME TELEPHONE _____ EMERGENCY PHONE _____

EMAIL ADDRESS _____

Parent/Guardian Names:

Name: _____ Cell # _____

Place of Employment _____ Work # _____

Name: _____ Cell # _____

Place of Employment _____ Work # _____

NAMES & AGES OF OTHER CHILDREN: _____

Are you a member of The First Congregational Church of Hudson? _____

Is your child in diapers? Yes/ No Toilet training? Yes/ No Toilet Trained? Yes/ No/ Almost!

INDICATE THE DAY YOU PREFER YOUR CHILD TO ATTEND (Monday- Thursday)

First Choice: _____ Second Choice: _____ Third Choice: _____

We do offer a second day option on Friday. (limited availability) Do you want a second day on Friday? Yes/No

Please return this form with a \$50.00 nonrefundable registration fee per family to the First Congregational Church Children's Center, Time for Tots Program, 47 Aurora St., Hudson, Ohio 44236. If your child is being placed on a waiting list, a registration fee should not be paid at this time. If you have any questions, please contact Dee Buchanan at (330) 342-3977.

Signature _____ Date _____

OFFICE USE ONLY:

Tour Date: _____

Date of Admission: _____

Please complete reverse side



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Check # _____
Amount: _____

LIST ANY ALLERGIES OR HEALTH CONCERNS:

LIST ANY DEVELOPMENTAL CONCERNS:

WHAT WOULD YOU MOST LIKE YOUR CHILD TO GAIN FROM TIME FOR TOTS?

BRIEFLY DESCRIBE YOUR CHILD:

Please complete reverse side