Severna Park
CHILDREN'S CENTRE, INC

Severna Park Children's Centre Registration Form

Thank you for choosing Severna Park Children's Centre! Please fill out the form below to register your child.

Child's Information:

- Full Name: _____
- Date of Birth: _____
- Home Address: _____

Program Preferences:

- Days Attending (circle one):
  - 2 Days (specify days): _____
  - 3 Days (specify days): _____
  - 5 Days (Monday through Friday)
- Schedule Preference (circle one):
  - Full-Time
  - Part-Time
- Pickup Time (circle one):
  - Full Day
  - Half Day (12:00 PM pickup)

Parent/Guardian Information:

- Full Name: _____
- Home Address: _____
- Email Address: _____
- Phone Number: _____

Signature: By signing below, I confirm that the information provided is accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____