

# Tot Time REGISTRATION FORM

To register, return completed application with a check payable to the NHCOOP.

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Name of child: \_\_\_\_\_ Date of birth \_\_\_\_\_

Mothers name \_\_\_\_\_

Fathers name \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name and birthdates of other children \_\_\_\_\_

\_\_\_\_\_

Who will attend the program regularly with your child? Mom? Dad? Other adult?

Name & relationship \_\_\_\_\_

## EMERGENCY CONTACT:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Pysican: \_\_\_\_\_ Phone \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

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For Co-op use only:

Check / check / charge

Check number \_\_\_\_\_ Authorization number \_\_\_\_\_

Amount \_\_\_\_\_ Registration fee \_\_\_\_\_

Session \_\_\_\_\_ QB \_\_\_\_\_