Childs Name:	Primero Pasos, Inc.	Enrollment Date:	
	Georgetown, DE 19973		

(302) 856-7406 Child Registration Form

. 54	I her	I hereby give consent for my child to be				
1. X TRANSPORTATION	ON: trans	transported and supervised by the operation's employees:				
\\\ -     - f - n +   - n - n - n - n - n - n - n - n - n -	- <b>.</b>			Non field trip		
Walk for the purpose	· · · · · · · · · · · · · · · · · · ·	mergency care		on field trip		
2. X FIELD TRIPS:	I her	eby give my co	onsent for m	y child to particip	ate in Field Trips:	
3. WATER ACTIVIT			nsent for my	/ child to participa	ate in water	
3. WATER ACTIVIT	ies. activi	1103.				
	⊠ sprinl	der play	☑ splashing/w	vading pools	⊠ water table play	
4. RECEIPT OF WRI	TTEN OPERAT	IONAL POLICI	ES:			
			c.'s parent i	manual which inc	ludes those of the	
positive discipline and o	perational poli	cies.				
5. I UNDERSTAND THA	T THE FOLLO	WING MEALS V	WILL BE SE	RVED TO MY CH	ILD WHILE IN CARE:	
	<b>No</b>		D	7 PM 0		
	⊠Breakfa	St Li	unch 🔀	PM Snack		
6. MY CHILD IS NORMA	LLY IN CARE	ON THE FOLLO	WING DAY	S AND TIMES:		
	from:	to:	Payments Lunderstand	that my childcare nay	ment is due every Monday,	
<b>"</b>	from:	to:	at the <b>begin</b>	ning of every week. If	my child does not attend	
" = '	from: from:	to:	that week, I	still am responsible fo	or my payment in full.	
ll	from:	to: to:				
Photo						
I give permission for my ch	ild		to l	oe photographed, or	their images recorded	
for print or electronic use in		nild care services	and/or for bei	ing displayed through	shout our childcare	
center. I understand that it is						
above uses. I agree that this will be no payment for me of			the term of my	child's enrollment	. I understand that there	
will be no payment for the c	of my child's part	страноп.				
Cot Drimaras Dagas Ina has my	, namissian ta he	wa mwahild			lay/sleep on a cot	
Primeros Pasos, Inc. has my during quiet time.	permission to ha	ve my chia,			lay/sleep on a cot	
aming quiet mine.						
D' D I I		. 191 1	1.11 1	. 11		
Primeros Pasos, Inc. has my pe	ermission to evalua	te my child or have	my child evalu	lated by another organ	nization.	
Parent/Guardian Signat	ure			Date		
					Initials	