

Garrett's Way Registration Form

**APPLICATION FOR SERVICES**

**Date of Application:** \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother / Legal Guardian Name:

\_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Father / Legal Guardian Name:

\_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Address (if different from mother) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am looking for full-time care with the anticipated start date of: \_\_\_\_\_

Comments / Notes:

**Signature of Parent / Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

Registration Fee: \_\_\_\_\_ Paid \_\_\_\_\_ Not Paid    Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

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