



# Temporary Tot Tending Registration Form

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Gender Identity: male \_\_\_ female \_\_\_ non-binary \_\_\_ other \_\_\_ Best Daytime Phone Number \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY/STATE ZIP

Allergies Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Allergies \_\_\_\_\_

Health Concerns Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Concern \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Name of Parent 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY/STATE ZIP

Email Address \_\_\_\_\_

Work Place of Parent 1 \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Parent 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY/STATE ZIP

Email Address \_\_\_\_\_

Work Place of Parent 2 \_\_\_\_\_ Work Phone \_\_\_\_\_

### PRESCHOOL PROGRAMS – 2-YEAR OLDS TO 5-YEAR OLDS

Approximate	Monday	Tuesday	Wednesday	Thursday	Friday
Time of Arrival	_____	_____	_____	_____	_____
Time of Pickup	_____	_____	_____	_____	_____

TTT Site: **Please check one**  Ocean Shore Preschool  Ortega Preschool  SSF Preschool

Anticipated Start Date: \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Regular Payment Plan: ACH (deducted automatically on 6<sup>th</sup> of month) \_\_\_\_\_ -or- Cash/Check by 3<sup>rd</sup> of month \_\_\_\_\_

### SCHOOL AGE PROGRAM – AGES 5-12

Approximate	Monday	Tuesday	Wednesday	Thursday	Friday
Time of Arrival - AM	_____	_____	_____	_____	_____
Time of Pickup - PM	_____	_____	_____	_____	_____

Total hours of service needed **per month**:  10  20  30  40  50  60  70  80  80+

TTT Site: **Please check one**  Ocean Shore School Age  Ortega School Age  Sunset Ridge School Age

Anticipated Start Date : \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Regular Payment Plan: ACH (deducted automatically on 6<sup>th</sup> of month) \_\_\_\_\_ -or- Cash/Check by 3<sup>rd</sup> of month \_\_\_\_\_

### For Office Use Only:

Reg fee paid \_\_\_\_\_ Child's sign-in code \_\_\_\_\_ Other \_\_\_\_\_