



Temporary Tot Tending Registration Form

Child's Complete Name _____ Birth Date _____ Gender _____
FIRST NAME LAST NAME

Address _____
STREET CITY/STATE ZIP

Name of Parent 1 _____ Cell Phone _____

Email Address _____

Work Place of Parent 1 _____ Work Phone _____

Name of Parent 2 _____ Cell Phone _____

Email Address _____

Work Place of Parent 2 _____ Work Phone _____

Home Phone _____ Best Daytime Phone Number _____

Physician's Name _____ Physician's Phone Number _____

Allergies Yes _____ No _____ Type of Allergies _____

PRE-SCHOOL PROGRAMS – 2-YEAR OLDS TO 5-YEAR OLDS

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

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+

Name of Elementary School Teacher and Room Number, if known _____

TTT Site: **Please check one**
 South San Francisco Sunset Ridge Ocean Shore Pre School Ortega Pre School
 Ocean Shore School Age Ortega School Age

Anticipated Start Date _____ Parent's Signature _____ Date _____

For Office Use Only: DIRECTORS – PLEASE FILL IN COMPLETELY

| Fees: | Amount | Date Paid |
|--|--------|-----------|
| Registration | _____ | _____ |
| Normal Tuition Rate | _____ | _____ |
| Sibling Discount..... | _____ | _____ |
| Prorated Amount for Month Started | _____ | _____ |
| Other Charges - Specify..... | _____ | _____ |
| Regular Payment Plan: <input type="checkbox"/> AutoDraft <input type="checkbox"/> Cash/Check by 3 rd of Month | | |

Special Notes _____

TTT Site _____ Classroom Assignment _____

Date Teachers Notified/By _____ Date Computer Notified/By _____