



Peaceful Play CDC
3110 Georgia Ave. NW, Washington DC, 20010
Phone number: 202-372 6807
peacefulplaycenter@gmail.com

REGISTRATION FORM

Child: _____ Gender: F ____ M ____
 First Middle Last

Date of Birth: _____ Phone: _____

Home address: _____

Language Spoken at home _____

Medical Conditions if any: _____

Special accommodations required: _____

Previous experience in group care: _____

Parent/Guardian 1: _____ Phone: _____
 First Middle Last

Relationship: _____

Home address: _____

Work address: _____

E-mail address _____

Parent/ Guardian 2: _____ Phone _____
 First Middle Last

Relationship: _____

Home address: _____

Work address: _____

E-mail address _____

Guardian or Relative: _____ Phone _____
 First Middle Last

Relationship: _____

Home address: _____

Work address: _____



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REGISTRATION FORM

Person to be contacted in case of an emergency (other than parent/guardian)

Name _____ Phone _____
 First Middle Last

Relationship to Child _____

Home address: _____

Work address: _____

What date would you like enrollment to begin? _____

How did you hear about us? _____

Designated individual authorized to receive child at the end of the session:

Name _____ Phone _____
 First Middle Last

Name _____ Phone _____
 First Middle Last

Name _____ Phone _____
 First Middle Last

Person that is doing of registration

Name _____
 First Middle Last

Signature: _____

Relationship to the Child: _____

Date: _____

THIS SPACE IS TO BE FILL JUST FOR PEACEFUL PLAY CDC

Admission Date: _____

Program Withdraw Date: _____

Reason: _____

NOTICE: Child 'health/immunizations certificate must be attached to this record so that it will be available for inspection.