

D. Scott Hudgens, Jr. Early Education Center Registration Form

Child Information			
Last Name:	First:	Middle Initial:	
Social Security #	D.O.B.:	Sex: M or F	
Home Address:		County:	
City:	State:	Zip:	Home Phone:

Parent/ Legal Guardian Information			
Relationship to Child:			
Last Name:	First:	Middle Initial:	
Home Address:		County:	
City:	State:	Zip:	Email:
Daytime Phone:	Evening Phone:	Cell Phone:	
Place of Employment:			
Address:			
City:	State:	Zip:	
Circle one:	<i>GTC Student</i>	<i>GTC Staff</i>	<i>Community</i>
Relationship to Child:			
Last Name:	First:	Middle Initial:	
Home Address:		County:	
City:	State:	Zip:	Email:
Daytime Phone:	Evening Phone:	Cell Phone:	
Place of Employment:			
Address:			
City:	State:	Zip:	
Circle one:	<i>GTC Student</i>	<i>GTC Staff</i>	<i>Community</i>

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Medical Information		
Doctor's Office Name:		Phone:
Doctor's Name:		
Address:		
City:	State:	Zip:
Dentist's Office Name:		Phone:
Dentist's Name:		
Address:		
City:	State:	Zip:

My child is currently taking the following medications:
My child has the following known allergies:
My child has the following special needs:
The following special accommodation(s) may be required to most effectively meet my child's need while at this center:

The D. Scott Hudgens Center provides full-time programs for infant, toddler, and preschool-age children during the hours of 7 a.m. to 6:15 p.m. We also offer extended care for school-age children and children enrolled in our state-funded Pre-K program from 7 a.m. to 8 a.m. and 2:30 p.m. to 6:15 p.m. You are welcome to tailor your child's schedule based on your care needs during our operating hours. Please estimate the hours of care you anticipate utilizing so that we are able to effectively plan our staffing needs.

Anticipated Hours of Care Needed					
Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
7 a.m. - 6:15 p.m.					

Anticipated Program and Dates Needed					
Requested Start Date:					
Requested Program:	Infant/ Toddler	Preschool	Montessori	Pre-K	Extended Day/ B&A

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in the D. Scott Hudgens, Jr. Early Education Center. This form must be accompanied by the designated registration fee for a child to be placed on the waiting list.

If my child is admitted to this program, I agree to read the handbook, complete, sign and return the required paperwork. Upon enrollment, I am ultimately responsible for all appropriate fees and charges associated with care and/ reservation of childcare slot for the time of the child's enrollment.

Signature (Parent/ Legal Guardian)

Date