

Child's Name		Birth Date	Subdivision/Village	
Child's Address		City	Home Phone	Zip Code
Parent/Guardian	Relationship	Occupation	Employer	Day Phone
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<b>Social Information</b>				
Siblings/Birth Dates		Birth Trauma		
Favorite Toys/Activities				
General Description of Child's Personality:				
Child's Terms for Urination and Bowel Movements:		Nap Schedule and Sleeping Habits:		
Special Care Needs/Allergies/Dietary Restrictions (Vegetarian, No Beef/Pork, etc.)				
Present Child Care Arrangements:				
How did you find out about Greystone House/Referred by?			May we use your child's photograph in the weekly newsletter and password protected website?	
			YES	NO
Would you like to receive the weekly newsletter/menu via e-mail? If so, please provide e-mail address.				
Date you would prefer to start:		For Staff to fill out. First Available Start Date:		
<b>I understand that the enclosed registration fee is non-refundable once my child has been accepted for enrollment.</b>				
Signature of parent or legal guardian:		Date Submitted:		