

TIGER DEN DROP OFF CENTER

RES DATE

RES DATE

RES DATE

1. CHILD'S NAME

AGE

DOB

ALLERGIES

ITEMS BEING LEFT WITH
CHILD

NAP SCHEDULE

SPECIAL
NEEDS

TIME OF STAY

FULL

1/2 DAY

EMPLOYEE

Other

2. CHILD'S NAME

AGE

DOB

ALLERGIES

ITEMS BEING LEFT WITH
CHILD

NAP SCHEDULE

SPECIAL
NEEDS

TIME OF STAY

FULL

1/2 DAY

EMPLOYEE

Other

PARENT NAME

ADDRESS

CITY

STATE

ZIP

AUTHORIZED FOR PICK UP
OF CHILD(REN)

PHONE

E-mail

PAYMENT INFO

EXP

Please Read & Sign:

I understand that the Nursery Staff reserves the right to refuse any child who may be ill or disruptive to other children or staff members. I understand my credit card has been charged for the above items & that all of the information is correct. I understand this is non-refundable & that I may call to cancel & reschedule my visit for another time. I understand Nursery staff is not allowed to administer any medications.

PARENT SIGNATURE

DATE