

DHMC Child Care Center Registration Form

Child's Name _____

Birthdate _____ Sex _____

Home address _____

Home phone _____

Parent name _____

I get my paycheck from (circle one) Hospital (MHMH) Clinic (HC)

Work phone _____

Email address _____

Address if different _____

Parent name _____

Employer _____

Address if different _____

Desired enrollment date _____

Desired schedule (circle days) m t w t f

Anything else?

Please return with \$10 non-refundable fee to DHMC Child Care Center, Medical Center Drive, Lebanon NH 03756

OFFICE USE ONLY

Date Received _____ Pre-reg. fee received _____

Confirmation letter sent _____ Computer record _____