

Hazelwild Farm Educational Foundation

5325 Harrison Road
Fredericksburg, Virginia 22407
(540) 891-8751

2023-2024 School Year

Please Print and Complete All Blanks

Date: _____

Registration cannot be accepted without submission of the current immunization record and birth certificate.

Please mark the appropriate box:

<p style="text-align: center;">Four Year Old Program (4 by September 30, 2023)</p> <p><input type="checkbox"/> Monday – Friday (7:00-6:00)</p> <p><input type="checkbox"/> Monday – Friday (9:00 – 12:00)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday (7:00-6:00)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday (9:00 – 12:00)</p> <p><input type="checkbox"/> Tuesday/Thursday (7:00-6:00)</p> <p><input type="checkbox"/> Tuesday/Thursday (9:00-12:00)</p>	<p style="text-align: center;">Three Year Old Program (3 by September 30, 2023)</p> <p><input type="checkbox"/> Monday – Friday (7:00-6:00)</p> <p><input type="checkbox"/> Monday-Friday (9:00-12:00)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday (7:00-6:00)</p> <p><input type="checkbox"/> Monday/Wednesday/Friday (9:00-12:00)</p> <p><input type="checkbox"/> Tuesday/Thursday (7:00-6:00)</p> <p><input type="checkbox"/> Tuesday/Thursday (9:00-12:00)</p>
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Student Information

First Name	Middle Name	Last Name	Nickname
Birth Date / /	Sex M / F		

Students Street Address	Home Phone Number () -	
City	State	Zip Code

Mother's Name	Place of Employment	
Home Address (if different)		
City	State	Zip Code
Home Phone Number () -	Work Phone Number () -	
Cell Phone Number () -	E-mail Address	

Father's Name	Place of Employment	
Home Address (if different)		
City	State	Zip Code
Home Phone Number () -	Work Phone Number () -	
Cell Phone Number () -	E-mail Address	

Previous Child Care Center attended: _____

Person(s) or Agency having legal custody of child: _____

May we share your child's name, address and phone number with parents for party invitations? Yes No

Do you allow your child's image to be used on Hazelwild's webpage only? Yes No

Emergency Contacts (2 Emergency contacts are **required with all information listed; cannot be child's parents.)**

Name	
Local Phone Number () -	Cell Phone Number () -
Home Address	

Name	
Local Phone Number () -	Cell Phone Number () -
Home Address	

State Licensing requires all Emergency Contact Information to be completed **BEFORE** enrollment.

