



"We Get Them There When You Can't"

## Totz 'N' Teenz on Wheelz Registration Form

Date: \_\_\_/\_\_\_/\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Child's Name: 1. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

2. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

3. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

4. \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Mom's Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Dad's Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Dad's Cell # \_\_\_\_\_

Do both parents have custody of the child? Yes \_\_\_ No \_\_\_ If not, please list who is the legal guardian. \_\_\_\_\_

Anticipated start date: \_\_\_/\_\_\_/\_\_\_ Occasional or emergency use only: \_\_\_\_\_

Please fill out locations, days and times needed for regular weekly use:

Pick-up location: \_\_\_\_\_

Drop-off location: \_\_\_\_\_

Days needed: (Circle One) Mon Tue Wed Thu Fri or All

Times needed: Pick-up \_\_\_\_\_ A.M./P.M. Drop-off \_\_\_\_\_ A.M./P.M.

(for appointments only)

If you are registering for a school, please supply the following information:

Name of School: \_\_\_\_\_

Name of Homeroom teacher: \_\_\_\_\_

List all persons authorized to receive your child at this location:

Anyone at this location is authorized to receive my child. Y / N

My child is permitted to be dropped off without an adult present at this location. Y / N

1. Name: \_\_\_\_\_ Phone# \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone# \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone# \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Please list any concerns you might have that we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A non-refundable \$25.00 per child enrollment fee is due upon remittance of this form.

A refundable deposit of \$75.00 is due upon remittance of this form.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please remit to:

Totz 'N' Teenz on Wheelz  
1925 Rothmullan Dr.  
Charlotte, NC 28262  
(704) 717-2840

Thank you for registering with us!