



REGISTRATION FORM

Date of Registration: _____

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Birth Date: _____

Gender: Male _____ Female _____ Date requested to begin: _____

Child Development Center and Preschool DAYS REQUESTED: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
Full days or 1/2 days (Please circle)

Preschool: AM _____ PM _____ Tuesday/Thursday: _____ Mon/Wed/Fri: _____

Kdg/School Age: One way _____ Two way _____

School: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1:

Name: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Number: _____

Employers Name: _____ Work Number: _____

Parent/Guardian #2:

Name: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Number: _____

Employers Name: _____ Work Number: _____

I understand that my registration fee is non refundable. _____ (Initial)

Signature of parent: _____

Amt. paid for registration: \$ _____ Credit Card/Debit: _____ Cash: _____ Check: _____