

Registration Form

Child's Name			Date of Birth//		
Parent Info	ormation:				
Mother's Name			Address	<u> </u>	
Father's Na	ame				
Phone #			cell/home/wo	rk	
Phone#			cell/home/work		
Email			*this email will be the main source of contact for all communication.		
Anticipated	d Start Date				
Days	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off					
Pick Up					
		•	d registration fee e, first serve basi	• ,	eserve childcare. Th
l agree to a		ancial responsib	ility and agree to	the terms listed	d in the family
Parent sign	nature			Date	
Office use:					
Registratio	n fee \$	_			
Date Paid:	Tuition	Express C	heck# cash)	