



REGISTRATION FORM

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE(HOME/CELL) _____

MOTHER'S NAME _____ FATHER'S NAME _____

BUSINESS NAME _____ BUSINESS NAME _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

BUSINESS PHONE _____ BUSINESS PHONE _____

PROGRAM DESIRED _____ E-MAIL _____

START DATE _____

PROGRAMS

Pre-School (3&4 year old)	full day	Number of days required _____ M T W Th F (<i>please circle days needed</i>)
Extended Hours AM only*		Number of days required _____ M T W Th F (<i>please circle days needed</i>)
Infants		Number of days required _____ M T W Th F (<i>please circle days needed</i>)
Toddlers		Number of days required _____ M T W Th F (<i>please circle days needed</i>)
Before/After school program		Number of days required _____ M T W Th F (<i>please circle days needed</i>)
Please circle Before, After or both		

I will need full days when school is not in session Y ___ N ___

 Non-refundable \$125.00 deposit must accompany this form

A second child will receive a 10% discount/full rate applies to the youngest child