



Registration Form

Registration Date _____ Enrollment Date _____
Name of Child _____ Date of Birth _____
Address _____ City _____
State _____ Zip _____ Tele _____
E-mail Address _____ E-mail Address _____

Name of Mother _____
(Guardian)

Name of Father _____
(Guardian)

How did you hear about us? _____

Number of days per week for enrollment 1 _____ 2 _____ 3 _____ 4 _____ 5 _____

Circle the days of the week child will attend Monday Tuesday Wednesday Thursday Friday

I will drop off at _____ a.m. / I will pick up at _____ p.m.

List and provide documentation for; any agencies, general and/or healthcare services, or court orders that apply to your child.

Agency Name _____ Agency Telephone #: _____

Agency Name _____ Agency Telephone #: _____

A \$50.00 (non- refundable) Initial Registration Fee must accompany this form to secure a childcare slot.
A \$50.00 Annual Enrollment Fee will be charged to your account in October.

Amount Paid \$ _____ (circle) Cash Money Order On-line Payment

Parent Signature _____ Date: _____

For administration use only:

Start Date: _____ Private _____ Voucher _____ CPC _____ Other _____

EEC Forms Collected: _____ Yes / _____ No Court Orders Collected _____ Yes / _____ No Immunizations: _____

Approved by: _____ Date: _____

Comments _____