



Registration Form

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on September 1 \_\_\_\_\_  
(due date)

Program: Infant \_\_\_\_\_ Toddler \_\_\_\_\_ Preschool/Pre-K \_\_\_\_\_ Kindergarten \_\_\_\_\_

Days Preferred: Please Circle  
T Th  
M W F  
M T W Th F

Hours Preferred: Full Day 8:30AM - 4:30PM

Extended Hours AM  
7:00AM - 8:30AM  
7:30AM - 8:30AM  
8:00AM - 8:30AM

Extended Hours PM  
4:30PM - 5:00PM  
4:30PM - 5:30PM  
4:30PM - 6:00PM

Parents/Guardian Signature \_\_\_\_\_

Start Date \_\_\_\_\_ Registration Fee \$50.00 \_\_\_\_\_ Paid  
(non-refundable)