Solid Rock Childcare

Classroom registration

Child Name:	Birth Date:/
Gender:/ Desired Start Date://_	Childs Age When Starting:
Parent Name(s):	
Child's Address:	
Parent Phones: Mom	Dad
Parent Emails: Mom	Dad
Type of Care Needed (please check one): Full Time	Dort Time
Potential Child Schedule:	Monday to Tuesday to Wednesday to Thursday to Friday to
Current Method of Care: How did yo	ou hear of us?
Please return this completed form and your registration for Childcare. Once we have received these items you will must be completed and returned with your deposit and your enrollment papers, deposit and first week tuition par Please note the registration fee is non-refundable and it enroll after having paid the fee, it will be forfeited to Solid refundable through our providing of childcare services. withdraw from the program at least two weeks prior to your providing of childcare services.	receive an enrollment packet. The enrollment packet first week tuition payment. We will need to receive syment at least two days prior to your child's first day. is an annual fee. In the event that you choose not to d Rock Childcare. In addition, your deposit is only Please be sure to submit in writing your intent to
Parent Signature:	Date: