

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time: \_\_\_\_:\_\_\_\_\_ am/pm

Location: 2009 Beatties Ford Road Charlotte, NC 28216

Objective: To provide childcare so parents can enjoy a day out/early evening. (Snacks, Drinks, Lunch and or Dinner Provided)

Cost: Per child paid WITH registration form on or before \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_. (Cash, Money Order or pay online on the Trilogy Kids and Financial home page and choose "Submit Payment/Donate")

\*\*\*\*\*ONLY 16 Children May Attend Due To Covid-19\*\*\*\*\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this registration form with your payment no later than 72 hours PRIOR to service!

\*\*We are unable to accept late registrations\*\*

\*\*No More than 16 children will be accepted\*\*

\*\*No Refunds\*\*

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D/O/B: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_\_

Food Allergies/Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Emergency Contact Name/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SELECT ONLY ONE:

\_\_\_ Early Release $25.00/day

\_\_\_ Teacher Workday $50.00/day

\_\_\_ Before/After School Care $75.00/weekly

\_\_\_ Parent Night Out $50.00/day

A registration form is required for each child attending!