



A Modern Child Care Facility

Meeting The Needs Of Today's Busy Families

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 T H F (*please circle days needed*)

Extended Hours AM only Number of days required _____
M T W T H F (*please circle days needed*)

Infants Number of days required _____
M T W T H F (*please circle days needed*)

Toddlers Number of days required _____
M T W T H F (*please circle days needed*)

Before/After school program Number of days required _____
Please circle Before, After or both M T W T H F (*please circle days needed*)

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

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Non-refundable \$125.00 deposit must accompany this form

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A second child will receive a 10% discount