



Registration Form

Child's Full Name: _____

Date of Birth: _____ Gender: _____ Age at Start: _____ Start Date: _____

Parent/Guardian Information

- Father's Name: _____
- Occupation: _____
- Phone: _____ Email: _____
- Mother's Name: _____
- Occupation: _____
- Phone: _____ Email: _____

Home Address: _____

Work Address (Optional): _____

- **Reservation:** Your child's place is reserved upon receipt of this form and the registration fee. One time registration Fee is \$50 (non-refundable).
- **Admission Requirements:** Please submit the completed admission booklet and all the required forms, at least two weeks prior to your child's start date.
- **Updates:** Please notify us promptly via email or text message of any changes.
- **Payment:** \$10/hr/child will be billed (monthly/quarterly/yearly).
- **Payment Options:** Venmo, Zelle, (on phone No. 315-766-7892) or pay by check or cash in person.

Please indicate below the days/hrs. of child care required.

Time Slot	Monday	Tuesday	Wednesday	Thursday	Friday
7:00–8:00					
8:00–9:00					
9:00–10:00					
10:00–11:00					
11:00–12:00					
12:00–1:00					
1:00–2:00					
2:00–3:00					
3:00–4:00					
4:00–5:00					
5:00–6:00					

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- Father/Mother's Signature: _____ Date: _____
 - Guardian's Signature: _____ Date: _____
 - Provider's Signature: _____ Date: _____

Email this form to poonamsteven16@gmail.com along with \$50 registration fee.

Please feel free to call/text us at 315-766-7892 for any queries.