

Program Registration

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male\_\_\_\_\_ Female\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Offerings

\_\_\_ Non-mobile Raindrops \_\_\_Puddle Jumpers

6 weeks-1 year 2 years -3 years

$250.00/week $220.00/week

\_\_ Dancing Raindrops \_\_ Hurricane Hunters

1 year – 2 years 3 years- 4 years

$235.00/week $215.00/week

\_\_\_ Mini Monsoons

4 years – 5 years

$205.00/week

\*Child care fees include morning snack, breakfast and an afternoon snack in accordance with the Child and Adult Care Food Program offered through the US Department of Agriculture. We ask that you provide lunch and a drink.

All weekly tuition fees are due on Monday of the week of service

Parent/Guardian Statement

*I/We hereby give permission for my/our child to participate in any and all activities at Tiny Twisters Child Care Center. I/We understand that my/our child may travel by foot or stroller around The Bessie Rowell Community Center and surrounding areas for various activities as part of our program. I/We agree to pay the set weekly fee regardless of number of days in attendance. Checks are payable to Tiny Twisters Child Care Center. I/We agree to hold harmless Tiny Twisters Child Care Center, its employees, volunteers, and all others associated with the program for any mishaps/accidents or other incidents resulting from my/our child’s participation the Center’s programming. Further, I/we give permission/approval for emergency medical care by qualified medical personnel, and hospitalization if required.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date