

Registration Fee: \$60
Supply Fee:
\$100 (4 Days)
\$75 (3 Days)



Your child's spot is reserved when you turn in this form along with the \$60 non-refundable deposit.

Today's Date: _____

Registration Form 2020-2021

3-Days(Babies) 3-Days(1 Yr Olds) 3-Days(2 Yr Olds) 3-Days(3 Yr Olds)

4-Days(Babies) 4-Days(1Yr Olds) 4-Days(2Yr Olds) 4-Days(3Yr Olds) 4-Days(4Yr Olds)

Early Care(8:00-8:30) Extended Care(12:30-2:30)

Child's Information

Child's Name: _____ Date of Birth: _____
Home Phone: _____ Cell Phone: _____ Gender: _____
Home Address: _____ City: _____ Zip: _____
Email: _____

Family Information

Mother's name: _____
Home Address (if different from child): _____
Work Phone #: _____ Cell #: _____ Text Me? Y N
Father's name: _____
Home Address (if different from child): _____
Work Phone #: _____ Cell #: _____ Text Me? Y N
Church that you attend: _____

In the event of an emergency & we are unable to reach parents, please list alternate person(s) to contact.

Name: _____ Relationship: _____
Phone # (h): _____ (wk): _____ (cell): _____

Name: _____ Relationship: _____
Phone # (h): _____ (wk): _____ (cell): _____

Name: _____ Relationship: _____
Phone # (h): _____ (wk): _____ (cell): _____

Doctor Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

Insurance Company: _____

Policy Number: _____ Date of Expiration: _____

Allergies or Special Notes: _____

Parent/Guardian Signature: _____ Date: _____