



Pre-Registration Form

CHILD INFORMATION

Child's full name: _____

Child's DOB: ____/____/____

Child's Gender: Male ____ Female ____

Enrollment Date (today's date): ____/____/____

Start Date (first date child will attend class): ____/____/____

Schedule (please write times next to each day your child will be attending): 8am-12pm OR 9am-12pm

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

PARENT INFORMATION

Parent's full name: _____

Parent's email address: _____@_____.com

Parent's Address: _____

Parent's Phone number: (____) _____ - _____

I understand that my deposit & registration fee are non-refundable for any reason. I understand that my deposit can be used to cover my last 2 weeks of care or will be returned to me if proper notice is given. I agree that the date written above will be my child's start date and if they can not attend, we will be given an opportunity to make-up for the missed days within one month of the missed date and depending on availability. I understand that make-up days are offered as a courtesy and not guaranteed.

X _____
(signature)

_____/_____/_____
(today's date)

Security Deposit Amount: \$ _____
Registration Fee: \$75.00

Payment method: Check ____ Cash ____
Payment date: ____/____/____

Total Amount Due: \$ _____

X _____
(admin. signature)