

# Registration Form

**Preferred Start Date** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **M/F**

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

Email Address \_\_\_\_\_

## **FULL DAY**

8:00 am – 3:00 pm

3 days a week \_\_\_\_\_ (please circle days) M T W Th F

5 days a week \_\_\_\_\_

## **EXTENDED DAY CARE**

7:00 – 8:30 am / 3:00 – 6:00 pm

am day care \_\_\_\_\_

pm day care \_\_\_\_\_

am & pm day care \_\_\_\_\_

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Confirmed Start Date: \_\_\_\_\_ By \_\_\_\_\_ On \_\_\_\_\_

Spoke With \_\_\_\_\_ Teacher \_\_\_\_\_

Additional Comments: