

Registration Form



Child's Name: _____

Child's Birthday Date: _____

Parent's Name: _____

Address: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Days I wish to enroll my Child (Please circle all that apply)

Monday Tuesday Wednesday Thursday Friday

A \$50 non-refundable Registration Deposit is required to hold a spot for your child.

Cash Check: _____

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____