

## 18 Baltic St. Attleboro, MA 02703 Phone: 508-761-7770 \* Fax: 508-761-0780 \* petesake4kids@comcast.net

## 2025-2026 Registration Form

Child's Name:

	Last Fire	st	Middle
Home Address: _			
City:	S <sup>.</sup>	tate:	Zip Code:
Birthdate:	En	mail:	
Name:		Name:	
Relationship:		Relationship	
Phone Number: _		Phone Numb	oer:
	Please indicate you	ur 1 <sup>st</sup> and 2 <sup>nd</sup>	choice
Half Days	9:15-12:30		
	Monday-Friday	\$400 per month/	10 months
	M/W/F	\$270 per month/	10 months
	T/Th	\$205 per month/	10 months
Full Days*	8:15-3:00		
	Monday-Friday	\$750 per month/	10 months
	M/W/F	\$470 per month/	10 months
	T/Th	\$350 per month/	10 months
*Early (7	, , , ,	) Care are available es and \$12 for 31-6	for full day families. The cost is 00 minutes.
	\$100 Registrat	ion Fee due a	t sign-up
	\$25 eac	h additional child	1
Print Name		Signature	
Date	Cash/Check#	Ini	itials of Staff