



TRANSITIONAL KINDERGARTEN/KINDERGARTEN REGISTRATION FORM
 Please submit this form with a \$100 non-refundable application fee to Universe of Colors.
License #414004238

Student Information	
First Name: _____	Last Name: _____
Sex: M/F	DOB: ____/____/____ Age: _____
Medical condition or under medication (provide details)/special needs: _____	

Parent / Guardian Information	
First Name: _____	Last Name: _____
Home Phone:(____)	Work Phone:(____)
Cell Phone:(____)	Email: _____
Address: _____	
City: _____	State: _____ Zip Code: _____

Emergency Contact
First Name: _____
Last Name: _____
Cell Phone:(____)
Email: _____
Relationship to the child: _____

After Care hours 2:30-5:30pm
<input type="radio"/> Yes <input type="radio"/> No

Child Start Date
 ____/____/____

Parent's signature

Date
 ____/____/____