



Child's Name: _____

Name child goes by _____ Gender M / F Date of Birth _____

Age as of September 1st _____

Mother's Name _____ Father's Name _____

Address _____ City _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Church Home _____

Email Address: _____

I would like my child to attend classes:

- _____ 5 days a week (M-F) 8:30 a.m. – 2:30 p.m. \$ 280.00/month
- _____ 5 days a week (M-F) 8:30 a.m. – Noon \$ 240.00/month
- _____ 4 days a week (M-TH) 8:30 a.m. – 2:30 p.m. \$ 240.00/month
- _____ 4 days a week (M-TH) 8:30 a.m. – Noon \$ 195.00/month
- _____ 3 days a week (T-TH) 8:30 a.m. – 2:30 p.m. \$ 195.00/month
- _____ 3 days a week (T-TH) 8:30 a.m. – Noon \$ 165.00/month
- _____ Mother's Day Out (Friday only) \$15.00/\$20.00day
- _____ Early Bird Care alone (7:15 a.m. – 8:15 a.m.) \$ 2.00/day
- _____ Early Bird AND Extended Care (until 6:00 pm)* \$ 10/day or \$40/week (cap at \$420/mo)

* EB and EC will not be charged for Thanksgiving, Christmas, or Spring Break.

All students must be at least 24 months of age by September 1st. Registration is considered complete when this form and \$75 registration/supply fee is returned. Registration fee includes All Faiths Day School T-shirt!

Please Circle T-shirt Size: **XS (2/4)** **Small (6/8)** **Medium (10/12)**

PARENT'S SIGNATURE _____