



Registration Form

Name of Child: _____

Birth Date: _____

Start Date: _____

Name of Parent(s): _____

Address: _____

Phone Number: _____

Email Address: _____

Please Circle the days that care will be needed:

M T W Th F

Times: _____

If School Age:

Current Grade: _____

School Attending: _____

Do you need:

Before School

After School

Before/After School

Please turn this form in with the nonrefundable registration fee of \$80 (\$105 for a family) to save your spot for childcare.