



10 month / 12 Month

Class_____

Registration Form

Child's Full Name: _____ DOB: _____

Home Address: _____

Home Phone# _____ Sex: M F Elementary School: _____

Parent/Guardian's Name: _____ Mobile# _____

Work # _____ Email: _____

Parent/Guardian's Name: _____ Mobile# _____

Work # _____ Email: _____

<p>Program: Please check</p> <p>_____ 10 Month</p> <p>_____ 12 Month</p>	<p>Days: <i>Please circle all days of attendance</i></p> <p style="text-align: center;">M T W TH F</p> <p>Total # of days: _____</p>	<p>Office Use Only</p> <p>Monthly Tuition \$ _____</p> <p>Reg Fee \$ _____</p> <p>Cash _____ Check# _____</p>
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Hours: *Please Check time and Circle all days that apply*

Drop Off Hours

_____ 7:30 AM	_____ 8:00 AM	_____ 8:30 AM	_____ 9:00 AM
M T W TH F		M T W TH F	

Pick Up Hours

_____ 3:30 PM	_____ 4:00 PM	_____ 4:30 PM	_____ 5:00 PM	_____ 5:30 PM	_____ 6:00 PM
M T W TH F		M T W TH F		M T W TH F	

Allergies _____ **Medical / Alerts** _____

Signature of Parent / Guardian _____ **Date:** _____

Registration is on a first come/first serve basis. We will make every effort to accommodate your selections.