



## Registration Form

Starting Date: \_\_\_\_\_

**Child Name:** \_\_\_\_\_ (Boy/Girl)

Birthday (year/month/day): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Please check the age group you want

- Infant/Toddler(Under 3yrs)
- Preschooler(3-5 yrs)

### Type of care wanted

- Full-time
- Part-time(circle days required) Monday, Tuesday, Wednesday, Thursday, Friday

### Parent/Guardian (Person to be contacted 1st)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_, Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_, Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_