

# Early Education Registration

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ M or F

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Lives With: \_\_\_\_\_ Allergies: \_\_\_\_\_

## **FAMILY**

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Dad's Work Number: \_\_\_\_\_ Mom's Work Number: \_\_\_\_\_

Name of Registered Sibling(s): \_\_\_\_\_

Church (if any): \_\_\_\_\_  Military Family

### **Please circle your program choice:**

Half Day (8:30AM to 12:30PM)      Drop-in-Care      Full Day (7:30AM to 6:00PM)

### **Please list the following days and times your child will attend:**

#### **Days and Hours**

Monday Hours: \_\_\_\_\_ Tuesday Hours: \_\_\_\_\_ Wednesday Hours: \_\_\_\_\_

Thursday Hours: \_\_\_\_\_ Friday Hours: \_\_\_\_\_

Weekly payments are due every Monday of each week. Any payments not in our office by the 15th of the month will have a \$25 late fee added. This applies to all payment schedules that are arranged and not paid upon agreement. The amount due must be paid before child(ren) will be accepted back into class. Parents are expected to stay current with tuition.

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Signature

Date