

**The Learning Center Registration Form
Twos & Threes
2022-2023
Non-refundable Registration Fee \$50**

Child's Name: _____ **Preferred Name (if differs):** _____

Date of Birth: _____ **M** _____ **F** _____ **Start Date:** _____

Program Choice: Twos

Threes

_____ 2-day Twos - T/Th 9:00-1:00 - \$253/month

_____ 2-day Threes – T/Th 9:00-1:00 - \$253/month

_____ 3-day Threes – M/W/F 9:00-1:00 - \$363/month

_____ 5-day Threes – M-F 9:00-1:00 - \$451/month

Tuition is paid for 10 months (Aug-May) and is due regardless of illness, vacation, holidays or absenteeism of any kind.

Family Information

Address: _____

Primary Email Contact: _____ **Mother's** _____ **Father's**

Father's Name: _____ **Cell Phone:** _____ **Occupation:** _____

Address (if different): _____

Pick-up: _____ **Yes** _____ **No**

Mother's Name: _____ **Cell Phone:** _____ **Occupation:** _____

Address (if different): _____

Pick-up: _____ **Yes** _____ **No**

Emergency Contacts:

Name: _____ **Relationship:** _____ **Phone:** _____ **Pick Up:** Y N

Name: _____ **Relationship:** _____ **Phone:** _____ **Pick Up:** Y N

Name: _____ **Relationship:** _____ **Phone:** _____ **Pick Up:** Y N

Allergies: _____

Health or developmental concerns: _____

Siblings: _____

Add-on Programs require a separate registration form.

Office use only: Deposit paid \$ _____ Payment method _____ ACS entry _____ Email _____

Billing Code _____ Billing Plan _____