

The Learning Center Registration Form
 Voluntary Pre-Kindergarten (VPK)
 2022-2023

Date Completed: _____

Child's Name: _____ Preferred Name (if different) : _____

Date of Birth: _____ M ___ F ___

Circle Program Choice: VPK 3 Day (T-Th, 9am-2pm) VPK 5 Day (M-F, 9am -12:10pm) Lunch Option for 5 Day VPK (12:10-1:00) (See Separate Form)

Add On 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

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

Address (if different): _____

Emergency Contact: ____YES ____NO Pick Up: ____YES ____NO

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

Address (if different): _____

Emergency Contact: ____YES ____NO 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 development concerns: _____

Siblings: _____

*Lunch Option from 12:10-1:00 available, see separate registration form.

Office use only:

Date Received _____ ACS entry _____ Email _____ Start Date _____ Billing Plan _____