

REGISTRATION FORM FOR EVENING CHILDCARE

Parent's Name: _____

Address: _____

Phone:(Home)_____ (Cell)_____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Please circle the class and two days you are registering:

Infants & Toddlers M T W Th F

2 year old class M T W Th F

3,4,5 year old class M T W Th F

School age M T W Th F

I have registered my child(ren) for the above class(es) and understand that I am committing to a sixteen week program.

Parent's Signature: _____ Date: _____