



We build strong kids, strong families, strong communities.

### Registration Form

Child's Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

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

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

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

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

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

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

Full Day Preschool: \_\_\_\_\_

Morning Preschool: \_\_\_\_\_

Room: \_\_\_\_\_

Days (please circle days interested in attending)

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

Start Date:

Registration Fee:

Paid \_\_\_\_\_ Voucher \_\_\_\_\_ CPC \_\_\_\_\_ Financial Aid \_\_\_\_\_ %

Follow up:

Date: \_\_\_/\_\_\_/\_\_\_