Registration Form

To register your child in the waitpool, please return this application form along with a registration fee of $75.00. This fee is non-refundable. After your registration form is received you will be contacted when space becomes available.

Child's Name: _____M_____Fe_____ Date: _____

Address_____ DOB: _____

Family Information

Parent/Guardian _____

Address_____

Email _____

Home Phone   Work Phone

_____

Place of employment

_____

Family Information

Parent/Guardian _____

Address_____

Email _____

Home Phone   Work Phone

_____

Place of employment

_____

Schedule and Program Desired

Infant [6 weeks-18 months] _____ Young Toddler [1 and 2 yr olds] _____

Older Toddler [2 and 3 yr olds] _____ Preschool [3 and 4 yr olds] _____

Pre-Kindergarten [4 and 5 yr olds] ____   Kindergarten [5 yrs old on/before 9/1] _____

School-Age [K Enrichment through 5th grade] ____

5-Day Program _____ 3-Day Program _____ 2-Day Program ____

Days Preferred [please circle]: M   T   W   TH   F

Preferred start date _____

Parent/Guardian Signature

_____

For Center Use ONLY

Date of Tour _____ Date Registration Received _____

Date Entered in ProCare ____ Check Number _____ Amount_____

Receipt Sent: Date _____ Initials_____

Program _____ Start Date _____