



Parent Inquiry Date(s) _____

Director Follow Up Date(s) _____

How did you hear about our center? _____ Internet _____ Flyer _____ Friend/Co-worker

Employer _____ Office for Children _____ Other (describe) _____

Child Info:

Last Name _____ First _____ MI _____

Birthday _____ / _____ / _____ OR Due Date _____ / _____ / _____

Classroom _____ Schedule (days) _____

Preferred Enrollment Date _____ / _____ / _____

Father/Guardian

Name _____

Address _____

Employer _____

Home # _____

Cell # _____

Work # _____

Email Address: _____

Mother/Guardian

Name _____

Address _____

Employer _____

Home # _____

Cell # _____

Work # _____

Email Address: _____

Registration Fee \$150.00

Paid: Check # _____ Tuition Express _____

I understand these fees are non-refundable: _____

Parent/Guardian Signature