



CHILD CARE REGISTRATION FORM
AFTER SCHOOL PROGRAM
2010 - 2011
SCHOOL YEAR

CHILD'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____

HOME PHONE: _____ CELL PHONE: _____

SCHOOL ATTENDING IN FALL: _____ GRADE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

BUSINESS PHONE FATHER: _____

BUSINESS PHONE MOTHER: _____

MEMBER:

REGISTRATION DEPOSIT: \$50.00 NON-REFUNDABLE

_____ AFTER SCHOOL PROGRAM (circle days) M T W Th F

TOTAL FEES ENCLOSED: \$ _____

NON-MEMBER:

REGISTRATION DEPOSIT: FIRST FULL MONTH, 50% NON-REFUNDABLE

_____ AFTER SCHOOL PROGRAM (circle days) M T W Th F

TOTAL FEES ENCLOSED: \$ _____

Credit Card # _____ Exp. Date: _____

Signature _____

Registration Procedure: Registration begins 2/22/10, on a first come, first served basis. Mailed and faxed registrations will not be accepted before this date. Enrollment is limited to 25 children. Please fill out form and submit with deposit. Confirmation letters and information packets will be sent out. A waiting list will be used once capacity is met. All refund requests must be made in writing.