



Current Student (Re-registration)

For Office Use Only:	
_____ book	
_____ email	
_____ reg. record	
	Date: _____
	Time: _____
Age Group: _____	

Child's Name _____ Date of Birth: _____

Any Changes to Information on file (email, address, phone numbers, pediatrician, health condition, etc.)

Additional People allowed to pick up your child:

Parent Signature _____

Days Attending 9am-2pm

5 Days (M-F)

3 Days (M W F)

2 Days (T TH)

Extended Day Program

Please indicate if you are interested in the following option and on what days your child will attend:

_____ Morning Care (6:30-9:00am) - Circle Days Attending - M T W TH F

_____ (Option #1) Afternoon Care (2:00-4:00pm) - Circle Days Attending - M T W TH F

_____ (Option #2) Afternoon Care (2:00-6:00pm) - Circle Days Attending - M T W TH F

Please send Extended Day Registration Fee.

This registration fee may be included in the check for school registration.

(For Office Use Only – Registration)

School Yr. _____

Date Paid: _____

Extended Day: _____

Check#: _____

Amount Paid: \$ _____

Days Attending: M T W Th F