



Registration Form 2024-2025

Today's Date _____

Child's Name _____
Last First Middle Nickname

Date of Birth _____
Month/Day/Year

Male / Female (circle)

Credit card # _____

Expiration date _____ CCV _____

**all credit card payments will add a 3% processing fee.*

Please check your preferred class:

- 12+ month Mommy Morning Out (Monday & Friday)
- 2's 3-day program (Tuesday, Wednesday, Thursday)
- 2's 5-day program
- 3's 3-day program (Tuesday, Wednesday, Thursday)
- 3's 5-day program
- 4's 5-day program

Home Address _____
Street/Apt.

_____ City State Zip

Preferred Phone _____ Preferred E-Mail _____

Mother's Name _____ Father's Name _____

Is there a second language spoken at home? Yes ___ No ___ Language _____

The \$150 registration fee is due at the time of registration and is **non-refundable**. This assures the preferred days in the appropriate class for the next school year. If I wish to forfeit my place, I must let the school know as soon as possible.

Parent's Signature _____ Date _____

For Office Use Only:

Registration Fee _____ Check # _____