

## **REGISTRATION FORM**

Parent(s) Names(s)		
	Nickname	
		Male
Birth place		
(City)	(State)	
Home Address	Apt/House#	
		Zip
Home Phone Number (inc		
	Schedule	
	(Please check desired days of reg	ular attendance)
Preschool/ Daycare Childr	PN (ages 12 months through Kinder	rgarten)
Monday through Friday	· -	garten
MondayTuesday		
		Time
Airival time	Departure	Time
School Age Children (Grad	e 1-8)	
Before care	Arrival Time	
After School Care		
Monday through Friday		
Monday Tuesday	Wednesday Thurs	day Friday
/		,
Full time hours: Greater than 6	hours/day, at least 4 days/we	eek
Part Time Hours: Less than 6 h	ours/day	
		al V
Data Received Blue Card	FOR OFFICE USE ON Imm. Record CK# Amt	
Food Affid Teacher/Room#		