



Classroom Reservation Form

Child's Name: _____

Birth date: ____/____/____ Age: ____ Grade: ____

Parent's Name(s): _____

Address: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Desired Start Date: ____/____/____ Age of Child when starting: _____

Type of Care Needed:

Full Time

Part Time

Before & After

Potential Care Schedule:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Please return this completed form and your \$75 registration fee to reserve your child's placement with our center. Once we have received these items you will receive an enrollment packet. The enrollment packet must be completed and returned with your two week deposit and first week tuition payment. We will need to receive your enrollment papers, two week deposit and first week tuition payment at least two days prior to your child's first day. **Please note the registration fee is non-refundable and it is an annual fee.** In the event that you choose not to enroll after having paid the fee, it will be forfeited to the center.

Parent Signature

Date

-----For Office Use Only-----

- \$75 Registration Fee Paid
- Check # _____
- Cash
- Date Received _____ Received by _____
- Promotional Offers Redeemed (attach flyer/coupon to back of this registration):