



**Family Pre-Registration Application**

Child's Name	Date of Birth	Age at time of desired enrollment	M	F
		Sex		

Child's Name	Date of Birth	Age at time of desired enrollment	M	F
		Sex		

Mother's/Guardian's Name	Father's/Guardian's Name
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Home Address Including City, State & ZIP code

Home Phone	E-mail Address
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Mother's Work Phone	Mother's Cell Phone	Father's Work Phone	Father's Cell Phone
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Desired Date of Enrollment	Program (F/T or P/T)	Typical Days and Hours of Attendance	
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Desired date of enrollment	Program (FT/PT)	Work Phone	Typical working hours
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If your child attends elementary school, please list the name	Grade	School Hours
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If there are any special accommodations that your child(ren) requires for his or her routine care, please explain in detail.

How did you learn about our center?

Please be aware that Pre-Registration does not guarantee enrollment but does establish a place on our waiting list. A Registration fee of \$50.00 per child must accompany this form. Available spaces for enrollment in our Center will be filled as they come available following the admission and enrollment policies.

Method of Payment for Registration Fee:  Check (please enclose if mailing)  Credit Card (Visa, Mastercard, Discover are accepted)

16 Digit Card Number	Expiration Date	Billing Zip Code	Cardholders
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Office Use Only:	Waitlist placement	Visit	Over for contact notes
Enrollment Date:			