



Registration Form 2020

Child's Name: _____ **D.O.B.:** _____

Start Date: _____ **Starting Suite #:** _____

Parent(s) Name: _____

Phone Number: () _____ - _____ **Email:** _____

Supply Fee: \$ _____ **Registration Fee:** \$ _____

Deposit: \$ _____ **(Applied to the start date of Care)**

Total Fees Paid Prior to Start Date: _____ **Amount Owed:** _____

By signing this form, you understand that the [supply fee, registration fee, and deposit fee, are non-refundable.](#)

Parent Signature

Date

Manager Signature

Date

_____ **Office Use** _____

Copy given to Parent ()

Copy Placed in Child's file ()

Notes:

