



PRE-REGISTRATION FORM

Today's Date: _____

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Phone Number: _____ Address: _____

Email Address: _____

Requested Start Date: _____

Programs (Please check desired program):

5 Full Day (7:00 am -6:00 pm) _____

5 School Day (8:00 am-3:00 pm) _____

5 Half Day (8:00 am -12:00 pm) _____

3 Full Days - 7:00 am -6:00 pm (M/W/F Toddler & Primary) _____

3 School Days - 8:00 am-3:00 pm (M/W/F Toddler & Primary) _____

Credit Card

Name as it appears on the credit card _____

Billing Address _____

Type of card _____ Card Number _____

Exp. Date _____ CVV _____ Zip code _____