

Starting Date: _____

Registration Form

Extended Care Program

Registration Fee \$80.00

Family Rate \$120.00

(Non-Refundable)

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____ City: _____

Zip: _____ Home Phone: _____

Mother's Name: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____

Work Phone: _____ Cell Phone: _____

Has your child participated in a preschool or extended care program?

Y N _____

Does your child have any medical or other special need to address?

Y N If yes, please specify: _____

Have you previously had a child enrolled at Family of Christ Learning Center?

Y N If not, who referred you to family of Christ? _____

Please check the class you're registering for:

(A separate form needs to be completed for each child)

2 year old _____

3 year old _____

4 year old _____

*Children must be 2, 3, and 4 by September 1st

* Children who are 3 & 4 must be potty trained

Family of Christ Learning Center

Revised 1/08