

K I D ' S T I M E
REGISTER NOW TO
RESERVE A PLACE

REGISTRATION FORM 2010-2011 SCHOOL YEAR

FATHER'S NAME MOTHER'S NAME

ADDRESS ZIP

HOME/CELL #'S HOME/CELL #'S

CHILD NAME AGE/GRADE 2010/2011 CHILD NAME AGE/ GRADE 2010/2011

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REGISTRATION FEE: \$30.00 NONREFUNDABLE PER CHILD

Service Available: Circle 5 days or 3 days only, depending on need
(3 days must remain same each week through school year)

Monday Tuesday Wednesday Thursday Friday

Hours Available: After School - School Dismissal until 6:00PM

Full Day - 7:30 AM - 6:00 PM

Drop Ins Accepted (registration required)

I desire CHILD CARE placement for the 2010-2011 school year for my child/children listed above.

PARENT SIGNATURE Date

Office Use Only:
Amount Paid _____
Date Paid _____
Check # _____