

REGISTRATION FORM



Parent / Guardian Name: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Cell: _____ Work: _____

Child #1:

Name: _____ Age _____ DOB ___ / ___ / ___ Sex M F

Circle One: Infant Toddler Pre-K

Circle One: Full Time Part Time

Day(s) / Time(s): _____

Enrollment Start Date: _____

Child #2:

Name: _____ Age _____ DOB ___ / ___ / ___ Sex M F

Circle One: Infant Toddler Pre-K

Circle One: Full Time Part Time

Day(s) / Time(s): _____

Enrollment Start Date: _____

*Please provide each person's full name that may pick up or drop off to school. Each individual person must have their own code. ID # - Last four digits of phone number and PC for all – child's month and day of birth.

Pro Care Name: _____ ID #: _____ PC: _____

Name: _____ ID #: _____ PC: _____

Name: _____ ID #: _____ PC: _____

Name: _____ ID #: _____ PC: _____

Name: _____ ID #: _____ PC: _____

By signing below, I agree to register my child/children with Little Angel's Day Care, Inc. and provide a non-refundable fee of \$75.00 per child.

Registration Fee: Check or Cash Entered into Pro-Care: _____ Date: _____

Parent / Guardian Signature: Administrator/ Education Coordinator Signature:

Date: _____ Date: _____