

The Caring Center

WEBSITE REGISTRATION FORM

Please complete a form for each child for each session

Please complete all of the following information:

Your child is: Continuing Enrollment _____ A New Enrollment _____ Male _____ Female _____

Child's Name: _____ Date of Birth: _____

Name of parent/guardian: _____

Address of above parent/guardian: _____

Telephone number: (H) _____ (W) _____

Email address: _____

Full Day Traditional Preschool Programs:

Two's & Three's _____ Three's & Four's _____ Four's & Five's _____

I would like to enroll for the following days each week:

M T W Th F

I will need: Full Days: _____ Mornings Only (8-12/8:30-12:30): _____

School Age Programs:

(Please check all that apply)

K-1's After School (Kindergarten & 1st grade) _____ SA After School (2nd grade – age 12) _____

I would like to enroll for the following days each week:

M T W Th F

Before School _____ Late Start Mondays _____

I would like to register for the following days *before school* each week:

M T W TH F

School my child is attending: _____

First Day of Attendance: _____

For office use only:

Date: _____

Registration fee: _____

Holding fee: _____