

ENROLLMENT RECORD / APPLICATION

Please Print Clearly

CHILD'S LEGAL NAME			
NAME CHILD IS CALLED		BOY	GIRL
BIRTHDATE	/ /	AGE	RELIGIOUS PREF

	"MOTHER" PARENT	"FATHER" PARENT
NAME		
ADDRESS		
CITY & ZIP		
HOME PHONE		
D.L. NUMBER		
EMPLOYER		
OCCUPATION		
WORK PHONE #		
OTHER PHONE # <small>(SPECIFY IF MOBILE, PAGER, ETC.)</small>		
OTHER PHONE # <small>(SPECIFY IF MOBILE, PAGER, ETC.)</small>		
E-MAIL ADDRESS		

BROTHER / SISTER NAMES	AGE	BIRTHDATE

HOW DID YOU HEAR ABOUT CHILD'S DAY

*I understand all payments are 100% non-refundable if registration is canceled **FOR ANY REASON.** Signed X*

START DATE	CLASS	MONTHLY RATE \$
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\$ 50.00	INITIAL REGISTRATION FEE	
\$	DEPOSIT (50% OF MONTHLY TUITION)	
\$	FIRST MONTH'S TUITION FOR	
\$	SUPPLIES FEE FOR MONTHS @ \$5.00	
\$	TOTAL DUE (Payable to: <i>Child's Day</i>)	

\$	PAID / /	CHECK #	MONTHLY RECEIPT?
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