



Enrichment Registration

Child's First & Last Name _____ Male Female

Name to be used in School _____ Birthdate _____

Parent's Names _____

Address _____ City _____ Zip _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Mom Email _____

Dad Email _____

May we share your email address with the Class _____

Emergency Contacts:

Name _____ Phone # _____

Relationship to Child _____

Name _____ Phone # _____

Relationship to Child _____

Please Check Program Desired:

_____ 3- Year-Old Enrichment

Monday's 9:00 am-12:00 am \$70.00/ Month

_____ 4- Year -Old Enrichment

Tuesday's 12:00 pm- 3:00 pm \$70.00/ Mont

Parent's Signature & Date

Director's Signature & Date