Christian Community Childcare Center's

Registration Form

Start Date _____

Child's Name _____

Birth Date _____

Address_____

_____

Parent's Names_____

Phone Numbers_____

Email Address_____

Name and ages of siblings:_____

_____

How did you hear about us? _____

_____

<u>Please specify desired hours of care:</u>

Monday _____

Tuesday_____

Wednesday _____

Thursday_____

Friday_____

FOR OFFICE USE ONLY
Paid Registration Fee
Check # _____
Cash Amount _____
Other _____
Your Initials _____

Please submit your $50.00 (per child) non-refundable Registration Fee with this form