

# Grace Early Childhood Center Child Care Registration Form



Child's Name	
First:	Last:
Date of Birth:	
Parent/Legal Guardian Name:	
Address:	
City/State/Zip Code:	
Contact Information	
Home Phone:	
Mother	Father
Work:	Work:
Cell:	Cell:
Email:	Email:
Parent/Legal Guardian Signature: _____	
Child Care Programs	
<i>Please check the program you are enrolling in</i>	
<input type="checkbox"/> Infant A: 6 weeks – 9 months	<input type="checkbox"/> Two-Year-Old
<input type="checkbox"/> Infant B: 10 months – 17 months	<input type="checkbox"/> Three-Year-Old
<input type="checkbox"/> Toddler: 18 months – 23 months	<input type="checkbox"/> Four-Year-Old
❖ Registration Form & Non-refundable Fee of \$100.00 – Payable to <b>Grace Early Childhood Center</b>	
<b>OFFICE USE ONLY</b>	
Registration Fee Received: _____ Credit Card    Cash    Check    Date: _____	
Activity/ Material Fee Received: _____ Credit Card    Cash    Check    Date: _____	
Employee Signature: _____	Class Assigned: _____