



WEEKDAY PRESCHOOL & KID'S DAY OUT
7904 Princeton Rd.
Liberty Township, OH 45044
513-759-8430

REGISTRATION FORM
September 13, 2010-May 26, 2011

Child's Name: _____
(Last) (First) (Middle)

Date of Birth: ____/____/____ Gender: (circle one) Male/Female

Parents' Names: _____
(Father) (Mother) (Last Name)

Street Address: _____

(City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Do you attend church regularly? _____ If so, where? _____

A Registration Fee of \$75.00 for the first child and \$50.00 for each additional child must be included with the Registration Forms before your child(ren) will be enrolled. The Registration Fee is non-refundable unless space is unavailable for your child. The Registration Fee *does not apply toward tuition.*

Parent's Signature: _____ Date: _____

OFFICE USE ONLY:

Date/Time Received: _____ Age on September 30th: _____

Registration Fee: Check # _____ Check Amount _____ Cash _____ CC _____

Classroom Placement: _____