

Kids n' Christ Parent's Morning Out 2010-11 Registration Form

Please circle the appropriate class:

1 year old 2 days (Tues., Wed.) \$120.00 A month
Children must be 18 months by Sept. 1st to be in the 1 year old class

2 year old 3 days (T,W,T) \$150.00 A month
Children must be two by Sept. 1st to be in the 2 year old class.

2 year old 4 days (M,T,W,T) \$190.00 A month
Children must be two by Sept. 1st to be in the 2 year old class.

3 year old 4 days (M,T,W,T) \$190.00 A month
Children need to be potty trained upon entering the 3 year-old class.

3 year old 3 days (T,W,T) \$150.00 A month
Children need to be potty trained upon entering the 3 year-old class.

4 year old 4 days (M,T,W,T) \$190.00 A month
Children will be preparing for Kindergarten. It is important that they be here every day and that they are on time.

We offer a 10% family discount on tuition.

First student pays full tuition, siblings receive a 10% discount off tuition.

The registration fee is \$75.

We offer a sibling discount on registration - \$75. for first student, \$55. for siblings.

Today's Date: _____

E-mail Address: _____

E-mail Address: _____

Child's Full Name: _____

Name To Be Used: _____

Birthday: _____ Age on 9-1-10: _____

Parent(s) Full Name: _____

Home Address: Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell/Pager: _____

Father's Employer: _____ Work Phone: _____

Father's Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Mother's Cell Phone: _____

Siblings: Name: _____ Age: _____

Name: _____ Age: _____

Church You Belong To: _____

Please list any allergies and/or foods that your child is NOT permitted to have:

List all persons who may be picking child up. **(Child will not be permitted to leave with anyone not listed here.)** _____

Emergency Contact Information

If case of an emergency (your child is sick, injured, school closing, etc.) we must have adequate information to contact someone to pick up your child. ***Please remember to notify us of any changes through out the year. If medical attention is needed and we cannot contact you, your child will not be able to receive the care he/she needs.***

Father's Home Number: _____

Father's Work Number: _____

Father's Cell Number: _____

Father's Pager Number: _____

Mother's Home Number: _____

Mother's Work Number: _____

Mother's Cell Number: _____

Mother's Pager Number: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____

Emergency Contact (other than parents): _____

Emergency Phone: _____ Relation to child: _____