

# Kids n' Christ Parent's Morning Out 2009-10 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 9-1-09: \_\_\_\_\_

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:

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

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## 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: \_\_\_\_\_