

CLARENCE CENTER CHILD CARE REGISTRATION FORM
KINDERGARTEN - 5TH GRADE BEFORE/AFTERSCHOOL PROGRAM

NAME OF CHILD: _____ D.O.B. _____ AGE _____

NUMBER OF DAYS ATTENDING: (PLEASE CHECK THE NUMBER OF DAYS AND DAYS OF THE WEEK YOUR CHILD WILL BE ATTENDING). WE REQUIRE A MINIMUM ATTENDANCE OF TWO DAYS PER WEEK.

<u>FULL/HALF DAYS</u>	<u>MON.</u>	<u>TUES.</u>	<u>WED.</u>	<u>THURS.</u>	<u>FRI.</u>	<u>AM</u>
_____ 2 DAYS	_____	_____	_____	_____	_____	_____
_____ 3 DAYS	_____	_____	_____	_____	_____	_____
_____ 4 DAYS	_____	_____	_____	_____	_____	_____
_____ 5 DAYS	_____	_____	_____	_____	_____	_____

STARTING DATE: _____ **CCSCHOOL** _____ **LEDGEVIEW** _____

PLEASE RETURN THIS FORM WITH A \$25.00 NON REFUNDABLE PROCESSING FEE PER CHILD TO CLARENCE CENTER CHILD CARE, INC. AS SOON AS POSSIBLE AND THE SECURITY DEPOSIT OF ONE WEEKS TUITION.

SIGNATURE OF PARENT: _____ **DATE:** _____

ADDRESS _____ **PHONE#** _____

_____ **CELL#** _____

DID YOU RECEIVE A POLICY PACKET? _____ **YES** _____ **NO**

FOR OFFICE USE ONLY:

REFERRED BY _____

DATE _____

REGISTRATION FEE _____

SECURITY DEPOSIT _____

#OF DAYS _____

CHECK# _____

CLASSROOM _____