

## UPK REGISTRATION FORM

NAME OF CHILD: \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

**UPK PROGRAM IS A 2 ½ HOUR  
5 DAYS PER WEEK. SEPTEMBER - JUNE**

**UPK AM 9 - 11:30AM**

**STARTING DATE:** \_\_\_\_\_

PLEASE RETURN THIS FORM WITH A \$50.00 NON REFUNDABLE PROCESSING FEE PER CHILD TO CLARENCE CENTER PRESCHOOL, INC. AS SOON AS POSSIBLE AND THE SECURITY DEPOSIT OF ONE WEEKS TUITION.

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**MOTHER CELL#** \_\_\_\_\_ **FATHER CELL#** \_\_\_\_\_

**DID YOU RECEIVE A POLICY PACKET?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

DATE \_\_\_\_\_

CLASSROOM TEACHER \_\_\_\_\_