



REGISTRATION FORM

STUDENT INFORMATION					
Last		First Name		Middle	
Date of Birth		Sex (M/F)		Age	
Name of child's previous school					
Reason for leaving					
PARENT INFORMATION					
Full Name		Relationship			
Home Address		e-mail			
Employer Name & Address					
Occupation			Social Security Number		
Tel (Home)		Tel (Work)		Tel (Cell)	
PARENT INFORMATION					
Full Name		Relationship			
Home Address		e-mail			
Employer Name & Address					
Occupation			Social Security Number		
Tel (Home)		Tel (Work)		Tel (Cell)	
PROGRAM DETAILS					
5 Full Days <input type="checkbox"/>	5 Half Day <input type="checkbox"/>	3 Full Days M.T.W. <input type="checkbox"/> W.Th.F <input type="checkbox"/>	3 Half Days M.T.W. <input type="checkbox"/> W.Th.F. <input type="checkbox"/>	2 Full Days M.T. <input type="checkbox"/> Th.F. <input type="checkbox"/>	2 Half Days M.T. <input type="checkbox"/> Th.F. <input type="checkbox"/>
Admission Date		Drop off time		Pick Up Time	
How did you find us?		Web Site Yellow Pages Newspaper Friends Other			

OFFICE USE ONLY

Admission Agreement (LIC102)	Registration Fee	
Registration Form (LIC100)	Monthly Tuition	
Identification and Emergency Information (LIC700)	Security Deposit	
Personal Rights(613A)	Material Fee	
Emergency Medical Treatment (LIC627)	Diaper Fee	
Physician's Report (LIC701)	Other	
Pre Admission Health History (LIC702)	TOTAL	
Notification of Parent's Rights (LIC995)		