

Please Print Clearly & Fill In All Blanks



Date _____

CHILD'S INFORMATION:

Name _____ Date of Birth _____ M ___ F ___

Address _____

City _____ Zip _____ Primary Phone Number _____

FATHER'S INFORMATION:

MOTHER'S INFORMATION:

Full Name _____ Full Name _____

Cell Number _____ Cell Number _____

Email _____ Email _____

Session: (Please check all that apply)

June 6-June 15

June 20- June 29

July 11- July 20

Tuition of \$150 a session is required to secure your child's spot and is non-refundable.
Tuition can be paid by check or using QR code here.



Are you a member of a local church? Yes No If yes, where? _____

How did you hear about our program? _____

MEDICAL INFORMATION:

Does your child have any allergies to food, drugs or other substances?

Does your child have any medical conditions of which we need to be aware?

Office Use Only

Registration Fee ___/___/___ Cash Realm Check # _____ Account ___/___/___ Invoiced ___/___/___

12-17 months 18-23 months 2A or 2B 3A or 3B 4A or 4B or 4C MCD SCH

