



REGISTRATION FORM
(please print)

Date: _____

Name of Child: _____ Male / Female Home Phone #: _____

Address: _____ Date of Birth: _____
street city/state/zip

E-mail address _____ Second e-mail _____
.....

Mother's Name: _____ Social Security #: _____

Address: _____ Home Phone # _____ Cell _____

City & Zip: _____ Emp. Tel. #: _____

Employer's Name: _____ Occupation: _____

Employer's Address: _____
.....

Father's Name: _____ Social Security #: _____

Address: _____ Home Phone # _____ Cell _____

City & Zip: _____ Emp. Tel. #: _____

Employer's Name _____ Occupation: _____

Employer's Address: _____
.....

If the parent/guardian cannot be notified of an illness or emergency, one of the following emergency contact persons will be notified:

Name: _____ Name: _____

Telephone #: _____ Telephone #: _____

Relationship: _____ Relationship: _____

Your security deposit of two week's tuition, along with a non-refundable registration fee must accompany this registration form. Checks may be made payable to EduKids. Upon receipt of this form and check, a Parent Handbook of policies and program description will be e-mailed to you. If for any reason you fail to start the program you will forfeit your security deposit.

How did you hear about EduKids? _____
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(FOR OFFICE USE ONLY)

Center Attending: OP H LN WS CL RFC CSP NFB HER FR MV EL WM

Circle Days Attending: M T W R F Full Day Half Day B/A SCHOOL UPK EXT DAY

Reg. Fee \$ _____ Sec. Dep. \$ _____ Bank _____

Daily Rate \$ _____ Check # _____ Cash / ACH / MO

Room: _____ Start Date: _____ Tuition Fee Agreement Signed (date): _____