

Community Kids Enrollment Information

Child Information

Child's full name _____ Male Female

Child's primary address _____

City _____ State _____ Zip _____

Home phone _____ Date of birth _____

Parent Information

Mother's name _____

Address (If different from above) _____

City _____ State _____ Zip _____

Home phone (If different from above) _____

Work Phone _____ Cell _____

E-mail _____

Father's Name _____

Address (If different from above) _____

City _____ State _____ Zip _____

Home phone (If different from above) _____

Work phone _____ Cell _____

E-mail _____

Fall 2007/Spring 2008: September 4th through May 29th

Please mark the program that you wish your child to attend:

___ 1 Day Program: \$92.00 per month.
Please circle: Tuesday Wednesday Thursday

___ 2 Day Program: \$184.00 per month
Please circle: Tuesday Wednesday Thursday

___ 3 Day Program: \$275.00 per month

Parent's Signature _____ Date _____

How did you hear about us? _____