

Little Hands Children's Center

Registration Form

Today's Date: _____ Child's Name: _____ D.O.B. _____

Home Telephone Number: _____

Parent/Guardian's Name: _____

Home Address: _____

Email Address: _____

Cell Number: _____ Work Number: _____

Parent/Guardian's Name: _____

Address: _____

Email Address: _____

Cell Number: _____ Work Number: _____

Infant _____ Toddler _____ Preschool _____ Pre-K _____ K _____

Days Preferred (Please circle): M Tu W Th F Hours Preferred: _____

Parent/Guardian Signature: _____ Start Date: _____

Registration Fee \$50.00 Paid _____
(non-refundable)

First Month Tuition Paid _____
(non-refundable if you decide not to enroll.
Goes towards first months tuition)