

ST. LUKE-SIMPSON CHILDCARE CENTER REGISTRATION

Infants & Toddlers

CHILD'S NAME _____

AGE _____ DUE DATE/BIRTHDATE _____ M or F

CHILD'S STREET ADDRESS _____
INCLUDING CITY, ZIP

FATHER'S NAME _____ EMAIL _____

HOME PHONE _____ WORK _____ CELL _____

MOTHER'S NAME _____ EMAIL _____

HOME PHONE _____ WORK _____ CELL _____

PRIMARY ACCOUNT HOLDER/EMAIL ADDRESS (all billing info will be sent to this email & will be able to make payments through app):
Circle one MOTHER or FATHER

SUMMER SESSION:

AGE GROUP: _____ Infants _____ Toddlers

FALL/SPRING SESSION:

AGE GROUP: _____ Infants _____ Toddlers

_____ **SUMMER** REGISTRATION FEE: \$75.00 CHECK # _____

_____ **FALL/SPRING** REGISTRATION FEE \$125.00 CHECK # _____

_____ **COMBINED** SUMMER AND FALL/SPRING REGISTRATION FEE \$200.00 CHECK # _____

_____ **FALL INFANT** SUPPLY FEE \$100.00 CK # _____ **SUMMER INFANT** SUPPLY FEE \$60.00 CK # _____

_____ **FALL TODDLER** SUPPLY FEE \$100.00 CK # _____ **SUMMER TODDLER** SUPPLY FEE \$50.00 CK # _____

PAID BY CASH OR CHECK (circle one)

PLEASE SIGN TO VERIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT YOU UNDERSTAND THE
REGISTRATION FEE IS **NON-REFUNDABLE**.

PARENT SIGNATURE: _____ DATE: _____