

ST. LUKE-SIMPSON CHILDCARE CENTER REGISTRATION

Infants & Toddlers

CHILD'S NAME _____

AGE _____ 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 EMAIL ADDRESS (all billing info will be sent to this email): Circle one MOTHER or FATHER

SUMMER SESSION:

AGE GROUP: _____ Infants _____ Toddlers

FALL/SPRING SESSION:

AGE GROUP: _____ Infants _____ Toddlers

_____ **SUMMER** REGISTRATION FEE: \$50.00 CHECK # _____

_____ **FALL/SPRING** REGISTRATION FEE \$100.00 CHECK # _____

_____ **COMBINED** SUMMER AND FALL/SPRING REGISTRATION FEE \$150.00 CHECK # _____

_____ **FALL INFANT** SUPPLY FEE \$100.00 CK # _____ **SUMMER INFANT** SUPPLY FEE \$45.00 CK # _____

_____ **FALL TODDLER** SUPPLY FEE \$100.00 CK # _____ **SUMMER TODDLER** SUPPLY FEE \$30.00 CK # _____

PAID BY CASH OR CREDIT (circle one) **LAST 4 DIGITS ON CARD** _____

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

PARENT SIGNATURE: _____ DATE: _____