

CENTRAL PRESBYTERIAN CHILD DEVELOPMENT

REGISTRATION FORM

Registration date _____

Name of child _____ Date of birth _____

Address _____ Telephone (____) _____

Requested enrollment date _____

Name of parents or guardians :

Mother _____

Employment _____ work phone (____) _____

Father _____

Employment _____ work phone (____) _____

Recommended by _____

A registration fee of \$25 must accompany this application. Paid \$ _____

In the event of a waiting list:

At the time space becomes available we will inform you of the exact date of availability. We will hold that spot for a *maximum* of two weeks and then it will be offered to the next child on the waiting list.

Signed _____
Parent's signature

Date _____

For data entry only:

paid by cash _____ money order _____ check # _____

date entered _____