

## St. John's Child Care 7341 Glenview Drive North Richland Hills, TX 76180 817-595-2654

| Office Use: |
|-------------|
| Pymt        |
| Date        |
| Ck#         |
| Cash#       |
| CC#         |

## **REGISTRATION FORM - Early Enrichment**

| Child's Name                                                                                          | Date of Birth                                         |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| ,                                                                                                     |                                                       |
|                                                                                                       |                                                       |
|                                                                                                       |                                                       |
| Full Time Care (7:00am-6:00pm)                                                                        | M-F                                                   |
| Early Enrichment/Parents Day Out (8:00am-3:00) 1, 2 & 3 year olds                                     | pm)                                                   |
| Options are T/TH or M/W/F or M-F                                                                      |                                                       |
| Please circle the days your child will attend                                                         | M T W TH F                                            |
| Extended Day (added to Early Enrichment)                                                              |                                                       |
| Morning (7:00am - 8:00am)                                                                             | M T W TH F                                            |
| Afternoon (3:00pm - 6:00pm)                                                                           | M T W TH F                                            |
| Please circle the days your child will attend                                                         |                                                       |
|                                                                                                       |                                                       |
| Registration cannot be processed without replease print the following using the names and information | registration fees.  you wish to have on your account. |
|                                                                                                       | , 18                                                  |
| Parent's Name:                                                                                        | Phone:                                                |
| Address:                                                                                              |                                                       |
| E-mail:                                                                                               | .n. 3                                                 |