

# The Children's Place Registration Application

## School Year 2012-2013

Child's Full Name \_\_\_\_\_ Gender \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
Age as of October 16, 2012 \_\_\_\_\_ Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_  
Parents' Names \_\_\_\_\_ Home Phone \_\_\_\_\_ Mom Cell Phone \_\_\_\_\_ Dad Cell Phone \_\_\_\_\_

<p><b>Choose One:</b></p> <p><input type="checkbox"/> M-F</p> <p><input type="checkbox"/> MWF</p> <p><input type="checkbox"/> TTh</p>	<p><b>Choose One:</b></p> <p><input type="checkbox"/> M-F</p> <p><input type="checkbox"/> MWF</p> <p><input type="checkbox"/> TTh</p>	<p><b>Toddlers:</b></p> <p><u>Choose One:</u></p> <p><input type="checkbox"/> 9:00 - 1:00*</p> <p><input type="checkbox"/> 9:00 - 3:30*</p> <p><input type="checkbox"/> 7:30 - 6:00</p> <p><input type="checkbox"/> Add Early Care*</p>
<p><b>Choose One:</b></p> <p><input type="checkbox"/> M-F</p> <p><input type="checkbox"/> MWF</p> <p><input type="checkbox"/> TTh</p>	<p><b>Choose One:</b></p> <p><input type="checkbox"/> M-F</p> <p><input type="checkbox"/> MWF</p> <p><input type="checkbox"/> TTh</p>	<p><b>Three's:</b></p> <p><u>Choose One:</u></p> <p><input type="checkbox"/> 9:00 - 1:00*</p> <p><input type="checkbox"/> 9:00 - 3:30*</p> <p><input type="checkbox"/> 7:30 - 6:00</p> <p><input type="checkbox"/> Add Early Care*</p>
<p><b>Choose One:</b></p> <p><input type="checkbox"/> M-F</p> <p><input type="checkbox"/> MWF</p> <p><input type="checkbox"/> M-Th</p>	<p><b>Choose One:</b></p> <p><input type="checkbox"/> M-F</p> <p><input type="checkbox"/> MWF</p> <p><input type="checkbox"/> M-Th</p>	<p><b>Transition:</b></p> <p><u>Choose One:</u></p> <p><input type="checkbox"/> 9:00 - 1:00*</p> <p><input type="checkbox"/> 9:00 - 3:30*</p> <p><input type="checkbox"/> 7:30 - 6:00</p> <p><input type="checkbox"/> Add Early Care*</p>
<p><b>\$100 Registration Fee -</b></p> <p><b>\$10 Activity Fee -</b></p> <p><b>Parent Email Address:</b></p>		
<p><b>Parent Signature:</b></p>		
<p><b>Please indicate if your child has any allergies:</b></p>		

# The Children's Place Parent Agreement ~ School Year 2012-13

The Children's Place shall provide the following care for:

Name of Child: \_\_\_\_\_ Name of parent (s): \_\_\_\_\_

## Please circle days and program times attending

	Infant Room	Toddler Room	Red Room - Two's	Three's
M-F	9:00 - 1:00*	M-F 9:00 - 1:00*	M-F 9:00 - 1:00*	M-F 9:00 - 1:00*
MWF	9:00 - 3:30*	MWF 9:00 - 3:30*	MWF 9:00 - 3:30*	MWF 9:00 - 3:30*
TTh	7:30- 6:00	TTh 7:30- 6:00	TTh 7:30- 6:00	TTh 7:30- 6:00
	Add Early Care*	Add Early Care*	Add Early Care*	Add Early Care*

	Fours	Transition
M-F	9:00 - 1:00*	9:00 - 1:00*
M-Th	9:00 - 3:30*	M-F 9:00 - 3:30*
MWF	7:30-6:00	7:30- 6:00
	Add Early Care*	Add Early Care*

For the services listed in the Agreement, and in accordance with the terms of the Agreement, I agree to pay The Children's Place the monthly sum of \$ \_\_\_\_\_ on the first of the month, or the first day of the month that my child attends school (or pay late fees of \$5.00 per program day after the 7<sup>th</sup> of the month)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_