KIDS' CAMPUS CHILD CARE REGISTRATION CONTRACT

Child's Name	Date of Birth	Home Phone #
Name of Parent(s)	Address	Work Phone #
Please indicate which class your ch	nild is to be enrolled in:	
Infant Class		
Toddler 1 Class		
Toddler 2 Class		
2 Year Old Class		
3 Year Old Class		
Pre-K Class		
School Age Class>>>>>	ease check one below:	
Du	ring school year will need before & aft will need after school	
Indicate which program your child	will be enrolled in:	
Five Day Program – Monday	– Friday	
Two Day Program – Tuesday	•	le for 2s, 3s, and Pre-K Classes only.
Three Day Program – Monda	•	•
My child will attend (check one or on (date)	both)summer sessionsc 	hool year session and will begin
added weekly if tuition is not paid	e first day of the week (or month), the in full by Wednesday at 9:00 A.M., an Tuition is due regardless of attendan	d that there is a late charge if m
I have attached a \$50 non-refunda refundable.	ble registration fee, plus the first and	last week's tuition, also non-
Parent Signature	Date	
Date of Receipt of Registration For	m and Fee	