

Children's Registration

(DUE TWO WEEKS BEFORE FIRST SESSION)

Child's Name _____ Age _____ Grade _____ Birth Date _____

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Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email Address _____

Person the child lives with: _____

How did you hear about DC4K? _____

If you plan on bringing children to our child care (available for children younger than kindergarten age), please list their names and ages below:

Child's Name _____ Age _____

Child's Name _____ Age _____

Child's Name _____ Age _____

Registration Fee: \$ _____ (covers all 13 weeks)

Payment attached.

I'll bring it next week.

Please cover my registration from the scholarship fund.

(We do not want finances to keep your child from coming to our DC4K group. If you need help with the registration fee, all you have to do is check this line, and the registration will be paid from our scholarship fund.)

Registering Parent's Signature _____

Date _____